

SCHOOL COUNCIL PARENT CANDIDATE NOMINATION FORM

I wish to nominate _____ for an elected position as a parent/guardian representative on the school council.

Name: _____

Address: _____

Home phone: _____ Business phone: _____

E-mail: _____

I am the parent/guardian of _____, who is currently registered at this school.
(name of student)

_____ is the parent/guardian of _____,
(name of person nominated) (name of student)

who is currently registered at this school.

The person I have nominated is an employee of the board.

yes no

Nominator's signature

Date

Please include a brief biography of the candidate you have nominated on the back of or on a separate sheet attached to this form.

You will be notified when your nomination has been received.

