

CANDIDATE NOMINATION FORM (ELECTIONS)

SCHOOL COUNCIL PARENT SELF-NOMINATION FORM

School Name _____

I wish to declare my candidacy for an elected position as a parent/guardian representative on the school council.

Name: _____

Address: _____
(Street) (City/Town) (Postal Code)

Home Phone: _____ Cell Phone: _____

E-mail: _____

I am the parent/guardian of _____, who is currently registered
(Student's Name)
at _____
(School Name)

I am an employee of the Board Yes No

I am interested in an officer position

Chair Secretary Treasurer

(Candidate's Signature) (Date)

Parent Nomination Form Receipt

The nomination form for a parent representative on the SCC has been received for:

(Parent Name – please print) (Parent Signature)

(School Official Signature) (Date)