

Appendix A: School Council Nomination Form _____

Please return your completed form to the Main Office by _____

Name: _____

Address: _____ Postal Code: _____

Phone: _____ Email address: _____

I am the parent/guardian of the following student(s) who are registered at
_____ for this school year:

Name of Student(s)	Present Grade(s)
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_____	_____
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_____	_____
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_____	_____
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I wish to declare my candidacy for an elected position as a parent representative on the
_____ **School Council.**

Please Note:

- These positions are for the current school term. The council will consist of not more than ____ parent members in accordance with our School Council Constitution.
- Should an election be needed (e.g., more than __ nominations from parents is received), the election will be held in the main office on ____ from ____ to ____ to give all parents a chance to vote. A ballot will be provided and results will be determined at the School Council meeting.

I am an employee of the Halton District School Board. Yes No

I have attached a paragraph to this form indicating why I am interested in being a member of the School Council. Yes No

I have included my areas of interest and expertise. Yes No

Candidate's Signature

Date

Received by: _____ Date: _____ Time: _____



Nomination Form Receipt (To be returned to the nominee)

A nomination form for parent representative for the School Council has been received from:

One paragraph statement of interest is attached Yes No

Office Staff

HDSB 2019

Date