

ST. MARGUERITE D'YOUVILLE CATHOLIC SCHOOL COUNCIL
CANDIDATE NOMINATION FORM

Only PARENTS can return this form. It must be submitted to the Office and signed and dated by office staff. (Do not send this with your son or daughter as it will not be accepted by the classroom teacher.)

PLEASE PRINT ALL INFORMATION

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

Parent's/Guardian's Name: _____

Address: _____

Home phone: _____ Business phone: _____

E-mail: _____

*****COMPLETE THE FOLLOWING ONLY IF YOU ARE NOMINATING SOMEONE*****

ST. MARGUERITE D'YOUVILLE CATHOLIC SCHOOL COUNCIL
CANDIDATE NOMINATION FORM

I wish to nominate _____ for an elected
(full name of parent/guardian nominated)

position as a parent/guardian representative on the school council.

She/he is the parent/guardian of _____
(full name of student)

Nominator's signature

Date

The person I have nominated is an employee of the board. YES NO

******COMPLETE THE FOLLOWING ONLY IF YOU ARE NOMINATING YOURSELF******

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

I am an employee of the board. YES NO

Candidate's signature

Date

Please include a brief biography of the candidate you have nominated (or autobiography for a self-nomination) on the back of this sheet or on a separate sheet attached to this form. You will be notified when your nomination has been received.

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Office Staff Signature: _____

Date Received: _____