

NOMINATION FORM FOR ELECTION OF PARENT MEMBERS

Name of School:

Please complete the following and return to our school office by

Name:

Address:

E-mail:

Telephone:

Child's Name:

- 1 I am an English Separate School elector or spouse (Note: To be eligible, a candidate must be an English Separate School elector or spouse.) Yes ☐ No ☐
- 2 I am an employee** of the Dufferin-Peel Catholic District School Board and I work at this school. Yes ☐ No ☐
- 3 I am an employee** of the Dufferin-Peel Catholic District School Board but I work elsewhere in the Board (i.e., not at this school). Yes ☐ No ☐

****Note: "Employee" includes parents/guardians who work as Student Monitors and/or Emergency Supply Instructors.**

This is a self-nomination. (Name):

It is not necessary to receive a nomination from another parent.

This is a nomination made by another parent:

I nominate _____ to be a parent representative on our Catholic School Council.

Signature of Nominee

Name (print)

Signature of Nominator

Name (print)

Signature of School Official

Date

Please attach a brief biography (one or two paragraphs).