

## NOMINATION FORM RECEIPT

The nomination form for parent/guardian representative on the  
Catholic School Council for

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Address

\_\_\_\_\_  
School Phone No.

\_\_\_\_\_  
(Parent Nominee's Name)

\_\_\_\_\_  
(School Name)

has been received by:

\_\_\_\_\_  
Name of Principal or  
Chair of the Nomination Committee

\_\_\_\_\_  
Date