

NOMINATION FORM FOR ELECTION OF PARENT MEMBERS

Name of School: **St. Joseph Streetsville**

Please complete the following and return to our school office by **Sept.18, 2019 at 4 p.m.**

Name

Address

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 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).

