



Dufferin-Peel Catholic District School Board

40 Matheson Boulevard West • Mississauga, ON L5R 1C5 • Tel: 905-890-1221 • Fax: 905-890-7610

STUDENT TRUSTEE APPLICATION & PARENT/GUARDIAN PERMISSION FORM

Name: _____ Date of Birth: _____

Home Address: _____

Postal Code: _____ Telephone Number: _____

Email Address: _____

School: _____

DESCRIBE YOUR EXPERIENCES AT SCHOOL, YOUR EXTRA-CURRICULAR, AND/OR COMMUNITY INVOLVEMENT, ETC. (Use additional sheets if necessary):

DESCRIBE YOUR INTEREST IN THE ROLE OF STUDENT TRUSTEE (Use additional sheets if necessary):

Signature of Student

Date

CONSENT BY PARENT/GUARDIAN (FOR STUDENTS UNDER THE AGE OF 18)

This will confirm that _____ (student name) has my permission to run for the position of Student Trustee with the Dufferin-Peel Catholic District School Board for the **2024/2025** term.

I am aware of the time and travel commitments of this position. I further understand that my child is required to be a full-time pupil (taking at least 3.0 credits in a semester program or 6.0 credits in a non-semester program) in the senior division at a secondary school within the jurisdiction of the Board.

The Election date will be on **Wednesday, February 21, 2024**. By signing this form, I agree to this application and these arrangements. Students must be in uniform for the election.

Signature of Parent/Guardian

Date

Municipal Freedom of Information and Protection of Privacy Act: Personal information on this form is collected under the authority of the Education Act, R.S.O.c.E.2, as amended, and will be used for the selection process of a Student Trustee. Questions about this collection should be directed to the School Principal.