



Student (PRINT) \_\_\_\_\_  
Teacher (PRINT) \_\_\_\_\_  
Grade \_\_\_\_\_

## SCHOOL COUNCIL CANDIDATE NOMINATION FORM

*Please complete Part A or Part B*

### Part A: I am declaring my candidacy:

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

I am the parent/guardian of \_\_\_\_\_ who is currently  
(print name of student)  
registered in Grade \_\_\_\_\_.

I am an employee of York Region District School Board. Yes No

Name \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone \_\_\_\_\_

Email: \_\_\_\_\_

### Part B: I am nominating a candidate

- ☐ I wish to nominate \_\_\_\_\_ for an elected position as a  
parent/guardian representative on the school council.

\_\_\_\_\_ is the parent/guardian of \_\_\_\_\_  
(print name of nominee) (print name of student)

who is currently registered in Grade \_\_\_\_\_.

The person I have nominated is an employee of York Region District School Board. Yes No

Name \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone \_\_\_\_\_

Email: \_\_\_\_\_

Nominator's  
Signature: \_\_\_\_\_ Date \_\_\_\_\_

***Please include a brief (4-5 sentences) biography of the candidate on the next page.***

*Personal information is collected under the authority of the Education Act as amended, and will be used to manage the disclosure of individual personal information. Contact the school principal for more information.*

**File:** ADM-School Councils

Valid for 12 months after date of last use/application

Please include a brief (4-5 sentences) biography of the candidate.