

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		
	J	(print name of student)				
registered in G	ade					
I am an employee of York Region District School Board.				Yes	No	
Name:						
Address:						
Home Phone:		Business Phone:				
Email:						
I wish t		e ative on the school council.	for an electe	ed position a	as a	
F						
(print name of I		parent/guardian o f	name of stude	nt)		
				,		
who is currently	registered in Grade	9				
The person I ha	ve nominated is an e	employee of York Region District Scho	ol 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 back of this form.

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