

SCHOOL COUNCIL CANDIDATE NOMINATION FORM

Please complete Part A or Part B

Part A: I am declaring my candidacy:

☐ I wish to de the school o	eclare my candidac council:	ry for an elected	d position as a pa	rent/guardiar	n represer	ntative on
I am the parent/	guardian of				who is	currently
I am the parent/		(print name of s	tudent)			
registered in Grade	·					
I am an employee of York Region District School Board.					Yes	No
Name						
Address:						
Home Phone:	me Phone: Business Phone					
Email:						
parent/guai	ominate rdian representativ is the pare inee)	e on the school	council.			
who is currently reg	istered in Grade					
The person I have n			egion District Scho	ool 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