



SCHOOL COUNCIL PARENT SELF-NOMINATION FORM

I wish to dee		y for an elected position as a	a parent/guardian representative
Name: _			
Home phone: _		Business pho	ne:, who is currently registered
E-mail:			
I am the parent at this school.	guardian of	(name of student)	, who is currently registered
I am an employ	ee of the board.		
☐ Yes	☐ No		
	Candidate's Signature		Date





And the second				DISTRICT SCHOOL BOARD
Please include a bri	ief autobiography, if	desired.		