

Adelaide Hoodless School Council Parent Candidate Nomination Form

I wish to nominate _____ for an elected position as a parent/guardian representative on the school council.

Name: _____

Address: _____

Home Phone: _____ **Business Phone:** _____

E-Mail: _____

I am the parent/guardian of _____ at this school.
(name of student)

The person I have nominated is an employee of the board.

Yes No

Nominator's signature: _____ Date: _____

You will be notified when your nomination has been received.

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