



**Adelaide Hoodless  
Elementary School**  
71 Maplewood Avenue  
Hamilton, ON L8M 1W7

## ADELAIDE HOODLESS SCHOOL SCHOOL COUNCIL NOMINATION FORM

Please return this form to the Adelaide Hoodless if you wish to be a VOTING MEMBER  
of Adelaide Hoodless School Council

\_\_\_\_\_ I would like to declare my candidacy for an acclaimed or elected position as  
**Parent / Guardian Representative** on Adelaide Hoodless School Council  
for the 2017 / 2018 school year.

- School Council Chair
- School Council Co-Chair
- School Council Secretary
- School Council Treasurer

\_\_\_\_\_ I would like to be considered for the position of **Community  
Representative** on Adelaide Hoodless School Council for the 2017 / 2018  
school year as I **do not have children attending this school.**

\_\_\_\_\_ I am an employee of the Hamilton District School Board.

NAME: \_\_\_\_\_

PREFERRED  
PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME OF  
CHILDREN: \_\_\_\_\_

IN GRADE(s): \_\_\_\_\_

By signing below I acknowledge that I have read Adelaide Hoodless School Council Constitution as found on the Adelaide Hoodless Website and I agree to conduct myself in accordance with the expectations outlined. I recognize that my candidacy will be made void if I miss two meetings in one year. I further recognize that a maximum of 25 parents are permitted to comprise the Council of this school and that by submitting this form it does not guarantee my candidacy. Lastly, I permit my above personal information to be included on any school council membership information that will be circulated within council.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Optional: Please use the space on the back to tell us about yourself including your thoughts and goals for the council of this school.**