



SCHOOL COUNCIL PARENT NOMINATION FORM

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

Name: _____

Home phone: _____ Business phone: _____

E-mail: _____

This individual is the parent/guardian of _____, who is currently registered at this school.
(name of student)

This individual is an employee of the board.

Yes No

Nominator's Signature

Date

Please include a brief biography, if desired.

(Return this form to E. Zidar at ezidar@hwdsb.on.ca, or send a print copy in a sealed copy envelope to the school office.)