

The Hamilton-Wentworth District School Board

Bellmoore Elementary School

**SCHOOL COUNCIL NOMINATION FORM
2020 - 2021**

Please Check _____ Parent _____ Non-Teaching Staff
Your Appropriate _____ Teacher _____ Community Rep.
Position

Name: _____

Address: _____

Home Phone: _____ E-mail: _____

ONLY PARENT CANDIDATES FILL OUT THIS SECTION

I am a parent / guardian of _____ (student's name)

who is in grade _____ and is currently a student of this school.

Why do you wish to be a member of School Council?

Council Positions Available: (please check positions you are interested in)

Council Chair _____ Co-Chair _____ Secretary _____ Treasurer _____
Voting Member _____

I wish to declare my candidacy for an elected position as a representative on the School Council at Bellmoore School. I understand the role and the responsibilities of a member of the School Council as described on the reverse side of this form.

Signature _____ Date _____

Received by _____ Date _____

**PLEASE RETURN THIS FORM BY FRIDAY, OCTOBER 2nd,
using email:**

pmochrie@hwdsb.on.ca

[Join Microsoft Teams Meeting](#) – MEETING: **October 8th, 2020 at 6:30 pm**

[+1 647-749-9281](tel:+16477499281) Canada, Toronto (Toll)

Conference ID: 714 097 252#