

SELF-NOMINATION

I would like to join School Council as an elected member. I understand that an elected position requires more involvement and responsibilities than a general member does. I understand that this role involves attending School Council meetings.

My Name:						
My Phone:						
My E-mail:						
I am interested	d in serving ir	n one of the follow	wing School Cou	ncil roles (pl	ease check):	
CHAIR	CO-CHAIR	TREASURER	SECRETARY	MEMBER	AT LARGE	OTHER
I am the pare	nt/guardian c	of			, who	is
		e at Gordon				
I am an employ	yee of HWDSI	3 (please check):	YES	NO		
NOMINATION		R CANDIDATE				
Nominee's Pho	one:					
Nominee's Em	ail:					
Suggested Sch	ool Council ro	oles for the nomi	nee (please chec	k):		
CHAIR	CO-CHAIR	TREASURER	SECRETARY	MEMBER	AT LARGE	OTHER
The nominee is the parent/guardian of						, who
Is the nominee	an employee	e of HWDSB?(ple	ease check):	YES	NO	

Please complete and email back to gordonprice@hwdsb.on.ca or return this form to the school office by Thursday, October 5th , 2023