



## 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  
(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 Mr. J. Monteith, Principal at [jsmonteith@hwdsb.on.ca](mailto:jsmonteith@hwdsb.on.ca), or send a print copy in a sealed copy envelope to the school office.