

**SCHOOL COUNCIL NOMINATION FORM - 2020-2021**

**SELF-NOMINATION**

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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 in serving in one of the following School Council roles (please circle):**

*CHAIR   CO-CHAIR   TREASURER   SECRETARY   MEMBER AT LARGE   OTHER*

**I am the parent/guardian of** \_\_\_\_\_ [student name] who is currently registered in Grade \_\_\_\_ at [insert school name].

I am an employee of HWDSB (please circle):            YES            NO

**NOMINATION OF ANOTHER CANDIDATE**

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**Nominator's Name:** \_\_\_\_\_

**Nominee's Name:** \_\_\_\_\_

**Nominee's Phone:** \_\_\_\_\_

**Nominee's Email:** \_\_\_\_\_

**Suggested School Council roles for the nominee (please circle):**

*CHAIR   CO-CHAIR   TREASURER   SECRETARY   MEMBER AT LARGE   OTHER*

**The nominee is the parent/guardian of** \_\_\_\_\_, who is currently registered in Grade \_\_\_\_ at [insert school name].

Is the nominee an employee of HWDSB? (please circle):            YES            NO

Please complete and return this form to [ppetrucc@hwdsb.on.ca](mailto:ppetrucc@hwdsb.on.ca) or to the school office by  
**Monday October 12, 2020**