



# Memorial Elementary School

1175 MAIN STREET EAST  
HAMILTON, ON L8M 1P3  
MAILING ADDRESS:  
P.O. BOX 2558  
HAMILTON, ON L8N 3L1

EMAIL: [memorial@hwdsb.on.ca](mailto:memorial@hwdsb.on.ca)  
[www.hwdsb.on.ca/memorial](http://www.hwdsb.on.ca/memorial)  
PRINCIPAL: Mrs. F. Zirc  
VICE PRINCIPAL: Mr. P. Zadvorny  
TEL: 905-549-3095 FAX: 905-549-3105

## Memorial School SCHOOL COUNCIL NOMINATION FORM

Please return this form to the Memorial Office by Friday, September 23rd if you wish to be a VOTING MEMBER of Memorial School Council

\_\_\_\_\_ I would like to declare my candidacy for an acclaimed or elected position as Parent / Guardian Representative on Memorial School Council for the 2022/2023 school year (check below).

- School Council Chair
- School Council Co-Chair
- School Council Secretary
- School Council Treasurer

\_\_\_\_\_ I would like to be a voting member of Memorial Council (25 maximum)

\_\_\_\_\_ I would like to be considered for the position of Community Representative on Memorial School Council for the 2021/2022 school year as I do not have children attending this school.

\_\_\_\_\_ I am an employee of the Hamilton District School Board.

NAME: \_\_\_\_\_

PREFERRED PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME OF CHILDREN: \_\_\_\_\_

IN GRADE(s): \_\_\_\_\_

By signing below I acknowledge Memorial School Council and I agree to conduct myself in accordance with norms and expectations outlined. I recognize that my candidacy will be made void if I miss two meetings in one year. I further recognize that a maximum of 25 parents are permitted to comprise the Council of this school and that by submitting this form it does not guarantee my candidacy. Lastly, I permit my above personal information to be included on any school council membership information that will be circulated within council.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Optional: Please use the space on the back to tell us about yourself including your thoughts and goals for the council of this school.