

The Hamilton-Wentworth District School Board

Millgrove School

**SCHOOL COUNCIL NOMINATION FORM
2023 - 2024**

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

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 _____ Fundraising Coordinator _____

I wish to declare my candidacy for an elected position as a representative on the School Council at Millgrove 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 _____

Meeting Date, Including Election: Tuesday, September 19th at 6:30 pm
Meeting Location: Millgrove Learning Commons / Library

Please return form to the Office by Friday, September 15th.