as a parent/guardian representa	ntive on the school council.	for an elected position
Name:		
Address:		
	Business phone:	
E-mail:		
I am the parent/guardian of at this school.	(name of student)	_, who is currently registere
(name of person nominated) who is currently registered at the	is the parent/guardian of	(name of student)
The person I have nominated is ☐ yes ☐ no	an employee of the board.	
Nominator's signature		Date

The nomination form for parent/guardian representative on the school council for				
	1			
	at	(school name)		
(parent nominee's name)		(school name)		
as been received by:				
Name of principal or chair of the non	ninations committee	Date		
Table of Fernanda				
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