SCHOOL COUNCIL PARENT CANDIDATE NOMINATION FORM ☐ I wish to nominate ____ _____ for an elected position as a parent/guardian representative on the school council. Name: Address: Home phone: ______ Business phone: _____ E-mail: I am the parent/guardian of _______, who is currently registered at this school. ______, who is currently registered who is currently registered at this school. The person I have nominated is an employee of the board. ☐ yes \square no Nominator's signature Date Please include a brief biography of the candidate you have nominated on the back of or on a separate sheet attached to this form. You will be notified when your nomination has been received.