



Student (PRINT) _____
Teacher (PRINT) _____
Grade _____

SCHOOL COUNCIL CANDIDATE NOMINATION FORM

Please submit this form to the school principal. The deadline for submission is at the start of the school year. Please contact your school for more information.

Please complete Part A or Part B

Part A: I am declaring my candidacy:

I wish to declare my candidacy for an elected position as a parent/guardian representative on the school council:

I am the parent/guardian of _____ who is currently
(print name of student) registered in Grade _____.

I am an employee of York Region District School Board. Yes No

Name _____

Address: _____

Home Phone: _____ Business Phone _____

Email: _____

Part B: I am nominating a candidate

I wish to nominate _____ for an elected position as a
parent/guardian representative on the school council.

_____ is the parent/guardian of _____
(print name of nominee) (print name of student)

who is currently registered in Grade _____.

The person I have nominated is an employee of York Region District School Board. Yes No

Name _____

Address: _____

Home Phone: _____ Business Phone _____

Email: _____

Nominator's

Date

Signature:

Please tell us about the candidate in 4-5 sentences on the back of this form.

Personal information is collected under the authority of the Education Act as amended, and will be used to manage the disclosure of individual personal information. Contact the school principal for more information.

File: ADM-School Councils

Valid for 12 months after date of last use/application