

# Catholic School Advisory Council Parent Candidate Self Parent 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 Address: \_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_ who is currently registered at  
this school.

Name of Student

The person I have nominated is an employee of the Toronto Catholic District School Board.

Yes

No

Nominator's signature \_\_\_\_\_ Date: \_\_\_\_\_

Please include a brief biography of the candidate you have nominated on the back of this form, or attach one on a separate sheet of paper.

You will be notified when your nomination has been received.