

# Catholic School Advisory Council Parent Candidate Self Parent Parent Candidate Self Nomination Form

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

E-mailAddress: \_\_\_\_\_

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

I am an employee of the Toronto Catholic District School Board. Yes  No

Candidate's signature \_\_\_\_\_ Date: \_\_\_\_\_

Please include a brief biography 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.