

SCHOOL COUNCIL NOMINATION FORM

I. THE UNDERSIGNED, DO HEREBY NOMINATE:

Name: _____ *(print in full)*

Residential Address:

Telephone: _____

e-mail or fax: _____

FOR THE POSITION OF _____ REPRESENTATIVE.
(parent, teacher, or non-teaching)

NOMINATOR

Name: _____ *(please print)*

Residential Address:

Telephone: _____

e-mail or fax: _____

Signature of Nominator: _____

CANDIDATE TO COMPLETE

I ACCEPT THE NOMINATION AND I AM PREPARED TO SERVE AS A MEMBER
OF THE _____ SCHOOL COUNCIL.

Signature of Nominee: _____

Date: _____
