
SCHOOL COUNCIL PARENT/GUARDIAN CANDIDATE NOMINATION FORM**Nominations are due to school administration by:**_____ **-(time)** on _____ **(date)**_____
School Name

Name _____

Address _____

Home Phone _____ Business Phone _____

I am the parent/guardian of _____ (name and date of birth)
who is currently registered at this school.I wish to declare my candidacy for an elected position as a parent/guardian representative on the
school council. I understand the role and responsibilities of a member of the school council as
described on the reverse side of this form.I understand that as a school council member, my contact information including email address will
be shared with school council members for the sole purpose of open and transparent
communication amongst council members and that it shall not be used for any other purpose.I understand that employees of the Simcoe County District School Board (SCDSB) cannot run as
parent/guardian representatives for school councils if they are employed at the school. If they are
employed elsewhere in the board, they can run providing they inform their school community of
their employment.

Candidate's Signature _____ Date _____

Received by _____ Time _____ Date _____

Nomination Form Receipt

The nomination form for parent/guardian representative on the School Council for

_____ has been received.

*School*_____
*School Official*_____
Date