



School Council Parent Candidate Form

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

Name: _____

Address: _____

Home phone: _____ Business Phone: _____

Email: _____

I am the parent/guardian of _____, who is currently registered at this school. *(Name of student)*

_____ is the parent/guardian of _____.
(Name of person nominated) (Name of student)

The person I have nominated is an employee of the Ottawa-Carleton District School Board (OCDSB):

Yes No

Nominator's Signature

Date

PLEASE INCLUDE A BRIEF BIOGRAPHY OF THE CANDIDATE YOU HAVE NOMINATED ON THE BACK OF THIS FORM OR ON A SEPARATE SHEET ATTACHED TO THIS FORM.

You will be notified when your nomination has been received

The personal information on this form is collected under the authority of the Education Act and the Municipal Freedom of Information and Protection of Privacy Act, and will be used to facilitate the election process of school councils. If you wish to review this information or have questions regarding its collection, please contact your Principal.

OCDSB School Council Parent Candidate Nomination Form (August 2010)