

**GUARDIAN ANGELS CATHOLIC ELEMENTARY SCHOOL
SCHOOL COUNCIL NOMINATION FORM
FOR ELECTION OF PARENT MEMBERS
2008-2009**

Name of School: GUARDIAN ANGELS CATHOLIC ELEMENTARY SCHOOL

Please complete and return to our school office no later than 4:00 p.m. on Friday Sept.18, 2008

Name: _____

Address: _____

Telephone: (H) _____ (other) _____

Child's name: (registered at Guardian Angels) _____

1. I am a Catholic School elector or spouse: Yes _____ No _____
(Note: To be eligible, a candidate must be a separate school elector or their spouse.)
2. I am an employee* of the Dufferin-Peel Catholic District School Board and I work at this school:
Yes _____ No _____
3. I am an employee* of the Dufferin-Peel Catholic District School Board but I work elsewhere in the Board (i.e. not at this school). Yes _____ No _____

***Note: "Employee" means a parent/guardian who works as CAP Site Hosts, a Lunchroom Supervisor and/or Emergency Supply Instructor.**

This is a self-nomination (name): _____
(It is not necessary to receive a nomination from another parent)

This is a nomination made by another parent:

I nominate _____ to be a parent representative on our Catholic School Council.

Name of Nominator _____ Signature of Nominator _____

Signature of Nominee _____

Please attach a brief biography (one or two paragraphs). We will print your biography and distribute to all eligible voters. Your biography will be printed as received.

Signature of School Official _____ Date: _____

Biography attached: Yes _____ No _____