

**GUARDIAN ANGELS CATHOLIC ELEMENTARY SCHOOL  
SCHOOL COUNCIL NOMINATION FORM  
FOR ELECTION OF PARENT MEMBERS  
2009-2010**

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, 2009

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.**

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Signature of School Official \_\_\_\_\_ Date: \_\_\_\_\_

Biography attached: Yes \_\_\_\_\_ No \_\_\_\_\_