

Catholic School Council Elections

NOMINATION FORM FOR ELECTION OF PARENT MEMBERS

Name of School ASCENSION OF OUR LORD css

Please complete the following and return to our school office by OCTOBER 8, 2019 @ 3:30 P.M.

Name _____

Address _____

Telephone _____ Child's name _____

1 I am a Catholic School elector or spouse Yes No
(Note: To be eligible, a candidate must be a separate school elector or 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" includes parents/guardians who work as CAP Site Hosts,
Lunchroom Supervisors and/or Emergency Supply Instructors.**

This is 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.

Signature of Nominee _____ Name (print) _____

Signature of Nominator _____ Name (print) _____

Signature of School Official _____ Date _____

Please attach a brief biography (one or two paragraphs).