

BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD

SCHOOL COUNCIL CANDIDATE NOMINATION FORM – PARENT

School Name: **ST. JOHN'S COLLEGE**

Name:

Address:

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Home Phone: Cell Phone: Business Phone:

Email Address:

- A. I am eligible to become a school council member according to the Board Policy on school councils. [Regulation 612/00 Section 4(1)] " A person is qualified to be a parent member of a school council if he/she is a parent of a pupil who is enrolled in the school."
- B. I am the parent/guardian of

Name
Date of Birth

 who is currently registered at this school. *To be completed by parent/guardian candidates only.*
- C. I wish to declare my candidacy for an elected position as a representative on the school council. I understand the role and responsibilities of a member of the school council as described in the Board's regulations governing school councils.
- D. I understand that if elected, as a member of Council I promise to respect, support, and uphold the values of the Catholic faith and the Board's Mission Statement.

Candidate's Signature: Date:

Received by: Time: Date:

School Council Candidate Nomination Form Receipt

The nomination form to be a representative on the School Council for

ST. JOHN'S COLLEGE has been received.

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School Official

Date