SCHOOL YEAR

BRANT HALDIMAND-NORFOLK CATHOLIC DISTRICT SCHOOL BOARD

SCHOOL COUNCIL CANDIDATE NOMINATION FORM - PARENT

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

Name: .....

Address: .....

.....

Home Phone: ..... Cell Phone: ..... Business Phone: .....

Email Address: .....

A. I am eligible to become a school council member according to the Board Regulations 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.

.....
School Official Date

Council Form #3