Northeastern Catholic District School Board

CATHOLIC SCHOOL COUNCIL
DECLARATION OF CANDIDACY

School Name:	

PARENT SELF-NOMINATION FORM

(Please use this form to self-nominate)

☐ I wish to declare my candidacy for an elected position as a parent/guardian representative on the Catholic School Council.	
Name:	
Email address:	
Phone number:	
Student(s) name:	

Declaration: I am the parent/guardian of the above-named student(s) who is currently registered at this school.

I am an employee of the NCDSB: ☐ Yes ☐ No

Signature: _____ **Date:** _____

PARENT/GUARDIAN CANDIDATE NOMINATION FORM

(Please use this form to nominate another parent/guardian)

☐ I wish to nominate _____for an elected position as a parent/guardian representative on the Catholic School Council.	
Your name:	
Email address:	
Phone number(s):	

Declaration: I am the parent/guardian of _____, who is currently registered at this school.

_____is the parent/guardian of _____, who is currently registered at this school.

The parent/guardian I nominated is an employee of the NCDSB: ☐ Yes ☐ No

Signature: _____ **Date:** _____

Please return form to the school by: _____

Received Date: _____ **Principal's Signature:** _____

Note: Principal will notify candidates of receipt and next steps.