

DATE OF SUBMISSION

THE NIAGARA CATHOLIC EDUCATION AWARD OF DISTINCTION NOMINATION FORM

FOR THE	YEAR	

This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the Authority of The Education Act., and will be used to identify nominees for The Niagara Catholic Education Award of Distinction.

Questions about this collection should be directed to Frank Iannantuono, Superintendent of Education,
Niagara Catholic District School Board, 427 Rice Road, Welland, Ontario, L3C 7C1 905-735-0240

NOMINEE		
FIRST NAME	LAST NAME	GROUP NAME (if applicable)
STREET ADDRESS		
CITY	POSTAL CODE	TELEPHONE
NOMINATED BY		
FULL NAME		PHONE NUMBER
ADDRESS		SIGNATURE
See Contribut	ion to Catholic Education form to be	e completed on reverse
ENDORSED BY		
FULL NAME		PHONE NUMBER
1		
ADDRESS		SIGNATURE
FULL NAME		PHONE NUMBER
ADDRESS		SIGNATURE
FULL NAME		PHONE NUMBER
3		SIGNATURE
ADDRESS		SIGNATURE

TO BE FORWARDED TO
THE MANAGER OF CORPORATE SERVICES AND COMMUNICATIONS NO LATER THAN
NOVEMBER 30th

CONTRIBUTION TO CATHOLIC EDUCATION FORM (not to exceed one page)		
DATE RECEIVED:		
RECEIVED BY:		