

St. Patrick
Catholic School Council

NOMINATION FORM

(PLEASE PRINT)

NAME: _____ ADDRESS: _____ _____ _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; padding: 5px;">PREVIOUSLY HELD OFFICE ON COUNCIL:</td><td style="width: 10%; text-align: center; padding: 5px;">Yes</td><td style="width: 10%; text-align: center; padding: 5px;">No</td></tr><tr><td style="padding: 5px;">NUMBER OF YEARS:</td><td colspan="2"></td></tr></table>	PREVIOUSLY HELD OFFICE ON COUNCIL:	Yes	No	NUMBER OF YEARS:												
PREVIOUSLY HELD OFFICE ON COUNCIL:	Yes	No															
NUMBER OF YEARS:																	
<table style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%; vertical-align: top; padding: 5px;">TELEPHONE NUMBER: (home): _____ (work): _____</td></tr></table>				TELEPHONE NUMBER: (home): _____ (work): _____													
	TELEPHONE NUMBER: (home): _____ (work): _____																
<table style="width: 100%;"><tr><td style="width: 45%;"></td><td style="width: 30%; text-align: center; padding: 5px;">(name of student)</td><td style="width: 25%; text-align: center; padding: 5px;">(grade)</td></tr><tr><td style="padding: 5px;">I AM THE PARENT/GUARDIAN OF:</td><td style="padding: 5px;">_____</td><td style="padding: 5px;">_____</td></tr><tr><td></td><td style="padding: 5px;">_____</td><td style="padding: 5px;">_____</td></tr><tr><td></td><td style="padding: 5px;">_____</td><td style="padding: 5px;">_____</td></tr><tr><td></td><td style="padding: 5px;">_____</td><td style="padding: 5px;">_____</td></tr></table>				(name of student)	(grade)	I AM THE PARENT/GUARDIAN OF:	_____	_____		_____	_____		_____	_____		_____	_____
	(name of student)	(grade)															
I AM THE PARENT/GUARDIAN OF:	_____	_____															
	_____	_____															
	_____	_____															
	_____	_____															
<p>I wish to declare my candidacy as a parent/guardian representative on the Catholic School Council.(Only Custodial parent/guardian of students living within the school boundary or have Board permission to attend the school may be a candidate.)</p> <p>I understand all the roles and responsibilities of the members of the Catholic School Councils as they are described in the Board's Policy. (This policy is available for review at the school office.)</p>																	
<table style="width: 100%;"><tr><td style="width: 60%;">SIGNATURE: _____</td><td style="width: 40%;">DATE: _____</td></tr></table>			SIGNATURE: _____	DATE: _____													
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<u>FOR SCHOOL USE ONLY</u>																	
<table style="width: 100%;"><tr><td style="width: 33%;"><i>SIGNATURE:</i> _____</td><td style="width: 33%;"><i>TIME:</i> _____</td><td style="width: 33%;"><i>DATE:</i> _____</td></tr></table>			<i>SIGNATURE:</i> _____	<i>TIME:</i> _____	<i>DATE:</i> _____												
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THIS FORM IS TO BE RETURNED TO THE SCHOOL BY <u>(3:00 p.m. on Friday, September 14, 2017)</u>																	

