

**St. Stephen Catholic Secondary School
SCHOOL COUNCIL PARENT CANDIDATE NOMINATION FORM**

2018-2019 School Year

Please submit form to office by noon on Tuesday, September 11, 2018

I wish to nominate _____ for an elected position as a parent/guardian representative on the school council.

Name: _____

Address: _____

Home phone: _____ Business phone: _____

E-mail: _____

I am the parent/guardian of _____, who is currently registered at this school.
(name of student)

_____ is the parent/guardian of _____,
(name of person nominated)

who is currently registered at this school.

The person I have nominated is an employee of the Board.

Yes No

The person I have nominated is aware of the nomination I have made.

Yes No

Nominator's signature

Date