

Parent School Council Candidate Nomination Form

APPLEWOOD HEIGHTS SECONDARY SCHOOL

Name _____

Address _____

Home phone # _____ Business phone # _____

Cell phone # _____

I am the parent/guardian of _____
(student name and date of birth)

(student name and date of birth)

who is/are currently registered in this school.

I wish to declare my candidacy for an elected position as a parent representative on the school council. I understand the role and responsibilities of a member of the school council as described in the Peel Board's school council policy.

Candidate signature _____ Date _____

Received by _____ Date _____

Nomination form receipt

The nomination form for parent representative on the school council for

_____ has been received.

(school name)

_____ Date _____

(school official)