



## School Council Parent Candidate Form

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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) (Name of student)*

The person I have nominated is an employee of the Ottawa-Carleton District School Board (OCDSB):

Yes     No

\_\_\_\_\_  
Nominator's Signature

\_\_\_\_\_  
Date

**PLEASE INCLUDE A BRIEF BIOGRAPHY OF THE CANDIDATE YOU HAVE NOMINATED ON THE BACK OF THIS FORM OR ON A SEPARATE SHEET ATTACHED TO THIS FORM.**

*You will be notified when your nomination has been received*

The personal information on this form is collected under the authority of the *Education Act* and will be used to facilitate the election process of school councils. If you wish to review this information or have questions regarding its collection, please contact your Principal.