

SIMCOE MUSKOKA CATHOLIC DISTRICT SCHOOL BOARD

46 Alliance Boulevard, BARRIE, Ontario L4M 5K3 Telephone: (705) 722-3555 Facsimile: (705) 722-6534

CATHOLIC SCHOOL COMMUNITY COUNCIL

CANDIDATE NOMINATION FORM

School:	
Name:	
Address:	
Home Teleph	hone: Business Telephone:
Email:	•
	DECLARATION OF CANDIDACY
wish to declare understand the	, the parent/legal guardian of who attends(s) this see my candidacy for election as parent representative on the Catholic School Community Course role and responsibilities of members of said council as described in the policies and procedures set the Ministry of Education and Training. I declare that I meet all of the criteria required for eligible Roman Catholic Separate School Supporter YES NO Employee of the Board YES NO
♦ Signatu	If YES, to employee of the Board, please indicate location: Date
	RESERVED FOR THE BOARD
Received by:	: Time: Date:
	CONFIRMATION OF CANDIDACY
	ion of candidacy for election to the Catholic School Community Council has been received from: (Board Official);
	Time: Date: