

FORM A7200 - 3: Rev. 09/20

SCHOOL COUNCIL PARENT/GUARDIAN CANDIDATE NOMINATION FORM Nominations are due to school administration by: _____ (time) on ____ (date) School Name Name Address Home Phone _____ Business Phone ____ I am the parent/guardian of ______ (name and date of birth) who is currently registered at this school. I wish to declare my candidacy for an elected position as a parent/quardian representative on the school council. I understand the role and responsibilities of a member of the school council as described on the reverse side of this form. I understand that as a school council member, my contact information including email address will be shared with school council members for the sole purpose of open and transparent communication amongst council members and that it shall not be used for any other purpose. I understand that employees of the Simcoe County District School Board (SCDSB) cannot run as parent/guardian representatives for school councils if they are employed at the school. If they are employed elsewhere in the board, they can run providing they inform their school community of their employment. Candidate's Signature Date _____ Received by _____ Time ____ Date _____ **Nomination Form Receipt** The nomination form for parent/guardian representative on the School Council for has been received. School School Official Date