



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:	
Telephone #1:	Telephone #2:
Email:	

DECLARATION OF CANDIDACY

I, _____, the parent/legal guardian of _____ who attends(s) this school, wish to declare my candidacy for election as parent representative on the Catholic School Community Council. I understand the role and responsibilities of members of said council as described in the policies and procedures set out by the Board and the Ministry of Education and Training. I declare that I meet all of the criteria required for eligibility.

- ◆ Roman Catholic Separate School Supporter YES ____ NO ____
- ◆ Employee of the Board YES ____ NO ____
- ◆ If YES, to employee of the Board, please indicate location: _____

Signature: _____ Date: _____

RESERVED FOR THE BOARD

Received by: _____ Time: _____ Date: _____
(Principal/Designate)

CONFIRMATION OF CANDIDACY

A confirmation of candidacy for election to the Catholic School Community Council has been received from:
_____ (Board Official);

Time: _____ Date: _____