

NOMINATION FORM
(Complete and return to the Principal)

PARENT SCHOOL SUPPORT COMMITTEE

_____ School

As a parent or guardian of a child in this school, I wish to become a candidate
for election to our **Parent School Support Committee**.

Candidate's Name

Candidate's Signature

Date

Telephone Number of Candidate

I have been seconded by a parent or guardian of a child in this school.

Seconder's Name

Seconder's Signature

Note:

Candidates may be asked to make a short statement (1-2minutes) on election night. Candidates are also encouraged to provide information about themselves, and why they are running for election. You can include this information below, or send a separate document, for posting at our school.
