

School Community Council Nomination Form

School:		_
Nominee:		_
Contact Info	rmation:	
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		_
		_
		_
I am (check	one): ☐ A Parent ☐ A Community Member	
Name:	<u> </u>	
	(signature)	_
	ay be presented to the local Returning Officer any time cease being passed at the Annual Meeting. It may be	
Received by	r:	_
Date:		