

W.O. Mitchell SCHOOL COUNCIL PARENT SELF-NOMINATION FORM

I wish to declare my candidacy for an elected position as a parent/guardian representative on the school council.

Name: _____

Address: _____

Home Phone: _____

Business Phone: _____

E-mail: _____

I am the parent/guardian of _____, who is currently registered at this school.
(name of student)

I am an employee of the board.

yes no

Candidate's signature

Date

Please include a brief autobiography on the back of this form.

You will be notified when your nomination has been received.