



**HILLTOP MS
SCHOOL COUNCIL: PARENT ELECTION
NOMINATION FORM**

Please complete and return to Hilltop MS Office by 3:00pm on September 16, 2019

- I wish to nominate _____ for the School Council.
- I wish to self-nominate for the School Council.

Name _____

Address _____

Phone: _____ E-mail: _____

I am the parent of the following student(s) at _____ School:

Student: _____ in Grade: _____ Class: _____

Student: _____ in Grade: _____ Class: _____

I am an employee of the Toronto District School Board: ____ Yes (or) ____ No

I agree to have my name listed on the School Council bulletin board for election purposes. __Yes __No

Nominee Name

Signature

Nominator Name (Please Print)

Signature

Please include a brief description of your skills/interest. You will be notified when your nomination has been received.