



## SCHOOL COUNCIL PARENT/GUARDIAN/CAREGIVER NOMINATION FORM

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name and Grade of Child(ren) attending Island Public School \_\_\_\_\_

\_\_\_\_\_

Are you an employee of the TDSB?                      Yes                      No

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

I wish to nominate the following person for School Council:

\_\_\_\_\_

Consent for this nomination has been received:                      Yes                      No

Short Bio: Please provide a short biography about yourself and why you would like to be a part of School Council, or about why the person you are nominating is an ideal candidate.