



RIVERDALE COLLEGIATE INSTITUTE SCHOOL  
COUNCIL PARENT ELECTION  
NOMINATION FORM

Please complete and return to Riverdale CI by noon September 16, 2024 or email to john.au@tdsb.on.ca

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.

Large empty rounded rectangular box for providing a brief description of skills/interest.