



**RIVERDALE COLLEGIATE INSTITUTE SCHOOL
COUNCIL PARENT ELECTION
NOMINATION FORM**

**Please complete and return to Riverdale CI by noon September 15, 2025 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.