KING EDWARD PUBLIC SCHOOL

SCHOOL COUNCIL SELF-NOMINATION FORM 2018-2019

* I wish to declare my candidacy for an elected position as a parent/guardian/community representative on the school council. ❑ Voting Member
* I wish to declare my candidacy for an elected position on the school council executive for the following position: ❑ Co-chair ❑ Secretary ❑ Treasurer

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of communication (check 2) : ❑ work phone ❑ home phone ❑ cell phone ❑ email

I am the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is registered at this school. *Names of students*

❑ I wish to be a community representative on the school council since I do not have children attending this school.

❑ I understand that I must be at the School Council meeting on Tuesday, September 11 to be a voting member of council.

❑ I understand that if my nomination is accepted, I will commit to regular attendance at school council meetings. I understand that my attendance at meetings makes it possible for quorum and decisions to be made.

❑ I understand that my contact information will be shared with other parents and school board staff involved at the school level. This information may be shared through email messaging and when communicating with our community.

❑ I understand that upon my nomination being accepted, I will be a voting member of the King Edward School Council for one school year until the next council is established.

Candidate’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print, sign and return this form to the office or bring it with you to the first School Council meeting on Tuesday, September 11, 2018. Thank you.