



# SIMCOE MUSKOKA CATHOLIC DISTRICT SCHOOL BOARD

46 Alliance Boulevard, BARRIE, Ontario L4M 5K3  
Telephone: (705) 722-3555 Facsimile: (705) 722-6534

## CATHOLIC SCHOOL COMMUNITY COUNCIL

### CANDIDATE NOMINATION FORM

School:	
Name:	
Address:	
Home Telephone:	Business Telephone:
Email:	

### DECLARATION OF CANDIDACY

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_ who attends(s) this school, wish to declare my candidacy for election as parent representative on the Catholic School Community Council. I understand the role and responsibilities of members of said council as described in the policies and procedures set out by the Board and the Ministry of Education and Training. I declare that I meet all of the criteria required for eligibility.

- ◆ Roman Catholic Separate School Supporter YES \_\_\_\_ NO \_\_\_\_
- ◆ Employee of the Board YES \_\_\_\_ NO \_\_\_\_
- ◆ If YES, to employee of the Board, please indicate location: \_\_\_\_\_

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

### RESERVED FOR THE BOARD

Received by: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Principal/Designate)*

### CONFIRMATION OF CANDIDACY

A confirmation of candidacy for election to the Catholic School Community Council has been received from:  
\_\_\_\_\_ (Board Official);

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