## CANDIDATE NOMINATION FORM

Only PARENTS can return this form. It must be submitted to the Office and signed and dated by office staff. (Do not send this with your son or daughter as it will not be accepted by the classroom teacher.)

## PLEASE RETURN FORM TO OFFICE BY FRIDAY SEPTEMBER 29, 2023, 3:00 PM

		, who is currently
(Full name of student) registe	ered at this school.	
Parent's/Guardian's Name:		
Address:		
Home phone:	Business phone:	
E-mail:		
***COMPLETE TI	HE FOLLOWING ONLY IF YOU ARE NOMINAT	ING SOMEONE***
ST. FRANCIS XAVIER CA	ATHOLIC SCHOOL COUNCIL CANDIDA	TE NOMINATION FORM
		for an elected
· ·	ne of parent/guardian nominated)	
position as a parent/guardian represe	entative on the school council.	
She/he is the parent/guardian of		
	(full name of student)	
Nominator's signature	Date	
The person I have nominated is an em	nployee of the board. YES $\Box$ NO $\Box$	
****COMPLETE T	THE FOLLOWING ONLY IF YOU ARE NOMINA	TING YOURSELF***
I wish to declare my candidacy for an	elected position as a parent/guardian repres	entative on the school council
· · · · · · · · · · · · · · · · · · ·	created position as a parenty buardian repres	circulty con the school council.
I am an employee of the board. YES		entative on the sensor council.

Please include a brief biography of the candidate you have nominated (or autobiography for a self-nomination) on the back of this sheet or on a

separate sheet attached to this form. You will be notified when your nomination has been received.