Dante Alighieri Academy Catholic School Parent Council

Parent Candidate Nomination Form

☐ I wish to nominate_____ for an elected position as a parent/guardian representative on council. (**To facilitate the process, please ensure that the nominee has accepted the nomination prior to submitting)**

Name: _____ Address: _____
Phone Number: _____Email: _____

Child's Name: _____Teacher: _____

The person that I have nominated is an employee of TCDSB Yes ☐ No☐

_____ _____
Nominator's Signature Date

Please include a brief biography of the candidate you have nominated if the nominee has accepted the nomination.
Please submit this form to caroline.falzon@tcdsb.org by Monday, September 22, at 9.m. You will be notified via email when your nomination has been received.

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Dante Alighieri Academy Catholic School Parent Council

Parent Candidate Self Nomination Form

☐ I wish to declare my candidacy for an elected position as a parent/guardian representative on the council.

Name: _____ Address: _____

Phone Number: _____Email: _____

Child's Name: _____Teacher: _____

I am an employee of TCDSB Yes ☐ No☐

_____ _____
Candidate's Signature Date

Please include a brief biography.

Please submit this form to caroline.falzon@tcdsb.org by Monday, September 22, at 9 a.m. You will be notified via email when your nomination has been received.