



## 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.

- ② Canadian citizenship  
② Roman Catholic Separate School Supporter YES ☐ NO ☐  
② Employee of the Board YES ☐ NO ☐  
② 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: \_\_\_\_\_