



Our Lady of Fatima Catholic Elementary **SCHOOL COUNCIL NOMINATION FORM**

Candidate's Name: _____

Address: _____

Home Phone: _____ Cell: _____

Elected Positions:

In accordance with the Halton Catholic District School Board Policy on School Councils, I declare that I, _____ am eligible to become an elected member.

Signature: _____

All Positions:

If elected, I fully understand and agree to support my roles and responsibilities as a member of this School's Council, as outlined in the Halton Catholic District School Board Policy on School Councils and in the Halton Catholic District School Board Operations Manual on School Councils.

Signature: _____

**This form must be completed in full and submitted to the Principal of the school
by 4:00pm on SEPTEMBER 13, 2019**

Received by: _____ Date: _____ Time: _____