



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

Candidate's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Child(ren) attending Our Lady of Fatima School \_\_\_\_\_

### **Positions Available:**

- Catholic Parent Members
- Non-Catholic Parent Members
- 1 Community Representative (can be a parent)
- 1 Parish Representative (can be a parent)

### **Please check the position you are seeking:**

- Catholic parent member
- Non-Catholic parent member
- Community Representative
- Parish Representative

### **Acknowledgment:**

- I am eligible to become an elected member of the Our Lady of Fatima Catholic School Council in accordance with the [HCDSB Policy I-23](#) and [HCDSB Procedure VI-84](#).
- If elected, I fully understand and agree to support my role and responsibilities as a member of Our Lady of Fatima Catholic School Council, as outlined in [HCDSB Policy I-23](#) and [HCDSB Procedure VI-84](#).

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**This form must be completed in full and emailed to Mrs. Varano  
([varanov@hcdsb.org](mailto:varanov@hcdsb.org)) by 4:00pm on SEPTEMBER 17, 2021**

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

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

Received By: \_\_\_\_\_

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