**Halton Catholic School Council Elections Nomination Form**

**School:** \_St. Catherine of Alexandria Catholic Elementary School

**Candidate’s Name:**

**Address:**

**Home Phone**: **Business Phone**:

**Email Address:**

 ***(sign in appropriate areas)***

**Elected Positions**

In accordance with the Halton Catholic District School Board Policy on School Councils-

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:**