

Lisgar School Council Nomination Form

Self-Nomination

I would like to join the School Council as an elected member. I understand that an elected position requires more involvement and responsibilities than a general member does. I understand that this role involves attending School Council meetings.

My Name: _____

My Phone: _____

My E-mail: _____

I am interested in serving in one of the following School Council roles (please circle):

CHAIR CO-CHAIR TREASURER SECRETARY MEMBER-AT-LARGE OTHER

I am the parent/guardian of _____ [student name] who is currently registered in Grade ____ at Lisgar

I am an employee of HWDSB (please circle): YES NO

Nomination of Another Candidate

Nominator's Name: _____

Nominee's Name: _____

Nominee's Phone: _____

Nominee's Email: _____

Suggested School Council roles for the nominee (please circle):

CHAIR CO-CHAIR TREASURER SECRETARY MEMBER-AT-LARGE OTHER

The nominee is the parent/guardian of _____, who is currently registered in Grade ____ at Lisgar.

Is the nominee an employee of HWDSB? (please circle): YES NO

Please complete and return this form to the school office by September 24, 2024