

The Hamilton-Wentworth District School Board
Millgrove School
SCHOOL COUNCIL NOMINATION FORM
2024 - 2025

Please Check _____ Parent _____ Non-Teaching Staff
Your Appropriate
Position _____ HWDSB Employee _____ Community Rep.

Name: _____

Address: _____

Home Phone: _____ E-mail: _____

ONLY PARENT CANDIDATES FILL OUT THIS SECTION

I am a parent / guardian of _____ (student's name)
who is in grade _____ and is currently a student of this school.

Why do you wish to be a member of School Council?

Council Positions Available: (please check positions you are interested in)

Chair ____ Co-Chair ____ Community Member ____
Director of Finance ____ Voting Member ____
Director of Communication ____

Please check below:

- I wish to declare my candidacy for an elected position as a representative on the School Council at Millgrove School.
- I wish to nominate another candidate for an elected position as a representative on the School Council at Millgrove School.

Signature _____ Date _____

Received by _____ Date _____

Meeting Date, Including Election: Tuesday, September 24th at 6:30 pm
Meeting Location: Millgrove Learning Commons / Library

Please complete and return this form to school office by September 20th.