



**SIMCOE MUSKOKA CATHOLIC DISTRICT SCHOOL BOARD**

46 Alliance Boulevard, BARRIE, Ontario L4M 5K3  
Telephone: (705) 722-3555 Facsimile: (705) 722-6534

**CATHOLIC SCHOOL COMMUNITY COUNCIL**

**CANDIDATE NOMINATION FORM**

School:
Name:
Address:
Home Telephone: <span style="float: right;">Business Telephone:</span>
Email:

**DECLARATION OF CANDIDACY**

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_ who attends(s) this school, wish to declare my candidacy for election as parent representative on the Catholic School Community Council. I understand the role and responsibilities of members of said council as described in the policies and procedures set out by the Board and the Ministry of Education and Training. I declare that I meet all of the criteria required for eligibility.

- ◆ Roman Catholic Separate School Supporter YES \_\_\_ NO \_\_\_
- ◆ Employee of the Board YES \_\_\_ NO \_\_\_
- ◆ If YES, to employee of the Board, please indicate location: \_\_\_\_\_

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

**RESERVED FOR THE BOARD**

Received by: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Principal/Designate)*

**CONFIRMATION OF CANDIDACY**

A confirmation of candidacy for election to the Catholic School Community Council has been received from:  
\_\_\_\_\_ (Board Official);

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