

# SCHOOL COUNCIL NOMINATION FORM

**I, THE UNDERSIGNED, DO HEREBY NOMINATE:**

Name: \_\_\_\_\_ (print in full)

Residential Address:

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail or Fax: \_\_\_\_\_

**FOR THE POSITION OF \_\_\_\_\_ REPRESENTATIVE**  
(parent, teacher, student, or non-teaching)

\_\_\_\_\_

**NOMINATOR**

Name: \_\_\_\_\_ (please print)

Residential Address:

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail or Fax: \_\_\_\_\_

Signature of Nominator: \_\_\_\_\_

\_\_\_\_\_

**CANDIDATE TO COMPLETE**

I ACCEPT THE NOMINATION AND I AM PREPARED TO SERVE AS A MEMBER OF  
THE LAKEROAD SCHOOL COUNCIL.

Signature of Nominee: \_\_\_\_\_

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