Greater Essex County District School Board

Title: School Naming
Appendix A: Application to Serve on the GECDSB Naming Advisory Committee

Name of Applicant: _____

Address: _____

Telephone Contacts: Home: _____

Work: _____

School Council Member: ☐ Community Member: ☐ Staff: ☐ Student: ☐

I am an English Public School Supporter: Yes ☐ **No** ☐

Briefly describe your interest in the School Naming process and the reasons why you would like to serve on the committee.

Please declare in detail any conflict of interest pursuant to the Municipal Conflict of Interest Act, 1990

Submit completed application form to the Principal of a school involved in the naming process.