

## Essex Public School Council Candidate Nomination Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_, who is currently registered at Essex Public School as of September 4<sup>th</sup>, 2018.

I wish to declare my candidacy for an elected position as a parent representative on the Essex Public School Council. I am interested in the position of: (Please circle)

Chair      Treasurer      Secretary      Council Member

Candidate's Signature \_\_\_\_\_

Date \_\_\_\_\_

Nominations must be received before Friday, September 21<sup>st</sup> at 3:00pm. Elections will be held on Monday, September 24<sup>th</sup> at 6:00pm in the staffroom.

## Essex Public School Council Candidate Nomination Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_, who is currently registered at Essex Public School as of September 4<sup>th</sup>, 2018.

I wish to declare my candidacy for an elected position as a parent representative on the Essex Public School Council. I am interested in the position of: (Please circle)

Chair      Treasurer      Secretary      Council Member

Candidate's Signature \_\_\_\_\_

Date \_\_\_\_\_

Nominations must be received before Friday, September 21<sup>st</sup> at 3:00pm. Elections will be held on Monday, September 24<sup>th</sup> at 6:00pm in the staffroom.