



ST. BRIGID CATHOLIC SCHOOL
 50 Woodmount Avenue
 Toronto, Ontario M4C 3X9
 Telephone: 416-393-5235 Fax: 416-393-5815



**Catholic School Parent Council
 Parent Candidate Nomination Form**

I wish to nominate _____ for an elected position as a
 parent/guardian representative on the school council.

Name: _____

Address: _____

Home phone: _____

Business phone: _____

Email address: _____

I am the parent/guardian of _____ who is currently registered at St. Brigid
 C.S. *Name of Student*

_____ is the parent/guardian of _____
Name of Person Nominated *Name of Student*

The person I have nominated is an employee of the Toronto Catholic District School Board.

Yes No

Nominator's Signature: _____ Date: _____

Please provide a brief biography of the candidate you have nominated. You will be notified when your nomination has been received.

Please submit the form to the school office by Friday September 13, 2019