



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



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

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I wish to declare my candidacy for an elected position as a parent/guardian representative on the school council.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

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

I am an employee of the Toronto Catholic District School Board:  Yes  No

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please be prepared to share a brief biography of yourself at the meeting.

You will be notified when your nomination has been received.

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

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