



CATHOLIC SCHOOL ADVISORY COUNCIL (CSAC) Nomination of Parent Candidate

ACCESSIBILITY:

To request this file in large print, please email aoda@wcdsb.ca or call (519) 578-3660.

SCHOOL: _____

Note:

- A Parent or Guardian whose child attends the school indicated above is eligible to serve on that school's Catholic School Advisory Council (CSAC).
- Please attach a brief autobiography to this form OR if nominating another parent, please attach a brief autobiography of the candidate you have nominated to this form.
- You will be notified when your nomination has been received.

SELF-NOMINATION

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

Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Email Address: _____

- I am the parent/guardian of the following children who attend this school (name and grade):

- I am an employee of the Waterloo Catholic District School Board. Yes No

Signature of Candidate

Date (yyyy-mm-dd)



CATHOLIC SCHOOL ADVISORY COUNCIL (CSAC) Nomination of Parent Candidate

NOMINATION OF ANOTHER PARENT

Name of Nominator: _____

I wish to nominate _____ for an elected position as a parent/guardian representative on the CSAC. The Nominee's information is as follows:

Name of Nominee: _____

Address of Nominee: _____

Phone Information of Nominee: Home #: _____ Cell #: _____ Work #: _____

Email Address of Nominee: _____

- The nominee is the parent/guardian of the following children who attend this school (name and grade):

- The nominee is an employee of the Waterloo Catholic District School Board. Yes No

- I, the Nominator, am the parent/guardian of _____, who is currently registered at this school.

Signature of Nominator

Date (yyyy-mm-dd)

To be Completed by: Candidate or Nominator; Submit to School Main Office
Description of Use: Copy: Main Office (Retention: 1 Year)