



Williamson Rd PS School
Council PARENT ELECTION
NOMINATION FORM

- ☐ I wish to nominate _____ for the School Council.
☐ I wish to self-nominate for the School Council.

Name _____

Address _____

Phone: _____ E-mail: _____

I am the parent of the following student(s) at _____ School:

Student: _____ in Grade: _____ Class: _____

Student: _____ in Grade: _____ Class: _____

Student: _____ in Grade: _____ Class: _____

I am an employee of the Toronto District School Board: _____ Yes (or) _____ No

Nominee Name _____

Signature _____

Nominator Name (Please Print) _____

Signature _____

I am interested in the role of (please check):

- ☐ Chair/Co-chair
- ☐ Treasurer
- ☐ Secretary
- ☐ Ward Representative
- ☐ Parent Representative

Please include a brief description below of your skills/interest.

Please complete and email to Malini.Hyland@tdsb.on.ca by September 27, 2024. A paper copy may also be submitted to the office. You will be notified when your nomination has been received.