

St. Ann Catholic School Council

NOMINATION FORM

I wish to declare a candidate for an elected position as a parent/guardian representative on the Catholic School Council for the 2019-2020 school year.

Name: _____

Address: _____

Home Phone: _____ **Business Phone:** _____

I am the parent/guardian of _____ who is currently registered at St. Ann Catholic Elementary School.

Date: _____

Please return Nomination Form to: **G. Pizzoferrato, Principal**

Nominations close on **Monday, September 16, 2019 at 12:00 noon. First meeting of council will be held on Monday September 23rd at 6:30 pm.**

You will be notified by telephone when your nomination has been received.

NAME: _____ **SIGNATURE:** _____