

# 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 2014-2015 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: **P. Kislinsky, Principal**

Nominations close on **Monday, September 15, 2014 at 12:00 noon**. You will be notified by telephone when your nomination has been received.

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_