RH MCGREGOR COUNCIL PARENT ELECTION NOMINATION FORM



Please drop this form at the office, or emailed it to sarah.kurita@tdsb.on.ca and melissa.hestick@tdsb.on.ca, by **Thursday, September 21**.

☐ I wish to nominate			_for the School Co	ouncil.
\Box I wish to self-nominate for	the School Council.			
Name				
Address				
Phone:	E-m	ail:		
Role nominating for:				
I am the parent of the following s	student(s) at		School:	
Student:	in Grade:	Class:		
Student:	in Grade:	Class:		
I am an employee of the Toronto	District School Board: _	Yes (or)	No	
I agree to have my name listed o	The Sensor Council Sul			
Nominee Name			Signature	
minator Name (Please Print)		Signature		
Please include a brief description of	your skills/interest. You	will be notified wh	en your nominatio	n has l
d.				