

Silverthorn Collegiate Institute

School Advisory Council **PARENT** NOMINATION FORM – 2017-2018

**Due: October 6, 2017 at NOON in the school Office**

**I wish to NOMINATE the following individual for an elected position as a parent/guardian representative on the school council:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Position on the school council:** \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

E-Mail: \_\_\_\_\_

I am the parent/parent of: \_\_\_\_\_

(Name of Student)

Who is currently registered at this school in Grade: \_\_\_\_\_

I am an employee of the Toronto District School Board:            Yes            No

Nominator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Silverthorn Collegiate Institute

School Advisory Council PARENT **SELF-NOMINATION** FORM – 2017-2018

**Due: October 6, 2017 at NOON in the school Office**

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

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Position on the school council:** \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

E-Mail: \_\_\_\_\_

I am the parent/parent of: \_\_\_\_\_

(Name of Student)

Who is currently registered at this school in Grade: \_\_\_\_\_

I am an employee of the Toronto District School Board:            Yes            No

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_