



# CATHOLIC SCHOOL ADVISORY COUNCIL (CSAC) Nomination of Parent Candidate

## ACCESSIBILITY:

To request this file in large print, please email [aoda@wcdsb.ca](mailto:aoda@wcdsb.ca) or call (519) 578-3660.

SCHOOL: \_\_\_\_\_

### Note:

- A Parent or Guardian whose child attends the school indicated above is eligible to serve on that school's Catholic School Advisory Council (CSAC).
- Please attach a brief autobiography to this form OR if nominating another parent, please attach a brief autobiography of the candidate you have nominated to this form.
- You will be notified when your nomination has been received.

## SELF-NOMINATION

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

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

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

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

- I am the parent/guardian of the following children who attend this school (name and grade):

\_\_\_\_\_  
\_\_\_\_\_

- I am an employee of the Waterloo Catholic District School Board.  Yes  No

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date (yyyy-mm-dd)



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## NOMINATION OF ANOTHER PARENT

I wish to nominate \_\_\_\_\_ for  
an elected position as a parent/guardian representative on the CSAC.

Name:

Address:

Home Phone #:

Cell Phone #:

Work Phone #:

Email Address:

- The person I have nominated is the parent/guardian of the following children who attend this school (name and grade):

\_\_\_\_\_  
\_\_\_\_\_

- The person I have nominated is an employee of the Waterloo Catholic District School Board.  Yes  No

- I, the Nominator, am the parent/guardian of \_\_\_\_\_, who is currently registered at this school.

\_\_\_\_\_  
Signature of Nominator

\_\_\_\_\_  
Date (yyyy-mm-dd)

**To be Completed by:** Candidate or Nominator; Submit to School Main Office

**Description of Use:** Copy: Main Office (Retention: 1 Year)