



**EARL HAIG SCHOOL COUNCIL
PARENT SELF-NOMINATION FORM**

(to be completed and returned to school office by 4:00 p.m. on Friday, September 18)

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

Name: _____

Address: _____

Home phone: _____ **Mobile phone:** _____

E-mail: _____

I am the parent/guardian of _____ **, who is currently registered**
(name of student)
at this school in grade/ homeroom_____.

I am an employee of the TDSB. Yes No

Candidate's signature

Date

Please provide a brief description of the skills/experiences you bring to this position. (optional):