

CATHOLIC SCHOOL ADVISORY COUNCIL (CSAC) Nomination of Parent Candidate

ACCESSIBILITY:

To request this file in large print, please email <u>aoda@wcdsb.ca</u> 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 y 	our nomination has been received.			
SELF-NOMINATION				
☐ I wish to declare my candi	dacy for an elected position as a parent	t/guardian representative on the CSAC.		
Name:				
Address:				
Home Phone #:	Cell Phone #:	Work Phone #:		
Email Address:				
I am the parent/guardian o		school (name and grade):		
 I am an employee of the V 	Vaterloo Catholic District School Board.	☐ Yes ☐ No		
Signature of Candidate (handw	ritten or typed)	Date (yyyy-mm-dd)		



CATHOLIC SCHOOL ADVISORY COUNCIL (CSAC) Nomination of Parent Candidate

NOMINATION OF ANOTHER PARENT

Name of Nominator:		
☐ I wish to nominate parent/guardian representative on the CSAC. The N		
Name of Nominee:		
Address of Nominee:		
Phone Information of Nominee: Home #:	Cell #:	Work #:
Email Address of Nominee:		
The nominee is the parent/guardian of the follow		school (name and grade):
The nominee is an employee of the Waterloo Ca	atholic District School Board.	☐ Yes ☐ No
I, the Nominator, am the parent/guardian of currently registered at this school.		, who is
Signature of Nominator (handwritten or typed)		Date (yyyy-mm-dd)

Notice of Collection

Information on this form is collected under the authority of section 2(2) of O.Reg 612/00 under section 170(1)17.1 of the Education Act and pursuant to section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. Information on this form will be used to manage parent nomination information. Questions about the use of the form and about the collection, use, or disclosure of personal information on the form should be directed to the Privacy Officer at privacy@wcdsb.ca, or 519-580-3297, or 35 Weber St. W., Unit A, Kitchener, ON, N2H 3Z1.

Completed by: Candidate or Nominator

Distribution: Candidate or Nominator → School

Retention: Main Office (1 Year)