SCHOOL COUNCIL PARENT NOMINATION FORM ADAM BECK SCHOOL 2019

I wish to declare **my candidacy** for an elected and vacant position as a parent/guardian representative on the "ADAM BECK School Council." I understand that the vacancy I am nominating myself for is:

NAME:		
ADDRESS:		
Home Phone:	Business Phone:	
I am the parent/guardian o	of:	
who is currently registered	of:at Adam Beck School.	
TDSB employees are eligible to ru	Beck Schoolyesno un for council positions if they are parents/guardians the positions of Chair or Co-Chair	of a student(s) enrolled in
I am an employee of the To	oronto District School Boardyes	_no
The position I would like to	o run for is:	
Candidate's Signature:		
Date:		
Please include a brief biogr	raphy of yourself below and why you are in	terested in the role:

Please return to the school's main office or email to Lola. Scenna@tdsb.on.ca.