



**CANDIDATE NOMINATION PAPER
SCHOOL COUNCIL**

Name of School

CANDIDATE INFORMATION

Candidate Name	Last Name	First Name	Middle Name		
Name as it is to Appear on Public Notices	Last, First				
Residential Address	Street #	Street Name	Unit #	City/Town/Village	Postal Code
Mailing Address (if different)					
Contact (check primary contact)	Cell: <input type="checkbox"/>	Alternate Phone #: <input type="checkbox"/>	Email: <input type="checkbox"/>		

CANDIDATE ELIGIBILITY AND CONSENT

This is to affirm that I, _____ am a qualified elector for the above-named
(Print full name of candidate)
 school attendance area, and consent to my nomination as a candidate at the election of members of a School Council for this attendance area.

_____ Declared before me: _____
(Candidate Signature) (Signature of Returning Officer / Justice of Peace / Notary Public / Peace Officer) (Date)

NOMINATION FORM ADMINISTRATION (to be completed by the Returning Officer)

Nomination Form was approved at: _____ AM/PM Receipt Statement of Ineligibility: Y or N/A Order Approved #

Name of RO: _____ Signature of RO: _____ Date _____

