Living Sky School Division No. 202

School Community Council Nomination Form

School: _____

Nominee: _____

Contact Information:

_____

_____

_____

_____

I am (check one)

- ◯ A Parent
- ◯ A Community Member
- ◯ A Student (grades 10-12)

Signature: _____

This form may be presented to the Returning Officer any time prior to the motion that nominations cease being passed at the Annual Meeting. It may be withdrawn prior to the vote.

Received by: _____

Date: _____

RESET FORM