



**DSBN ACADEMY SCHOOL COUNCIL
PARENT SELF-NOMINATION FORM**

I wish to declare my candidacy for an elected position on the DSBN Academy School Council

Name: _____

Address: _____

Home Telephone: _____ Business Telephone: _____

Email: _____

Position Sought: Secretary Treasurer Elementary co-chair Secondary co-chair

I am the parent/guardian of _____
who is/are currently registered at DSBN Academy.

I am an employee of the District School Board of Niagara. yes no

Candidate's Signature

Date

Please return to the school by September 24, 2015.

