



Hammarskjold High School
80 Clarkson Street South
Thunder Bay, ON
P7B 4W8
Telephone (807) 767-1631 Fax (807) 767-0395

Mr. Di Blasio, Principal
Ms. Donna Flaszka, Vice Principal

School Council Parent Candidate Nomination Form

I wish to nominate _____ for an elected position as a parent/guardian representative on the Superior School Council.

Name: _____

Address: _____

Home phone: _____ Business phone: _____

E-mail: _____

I am the parent/guardian of _____ who is currently registered at this school.
(name of student)

_____ is the parent/guardian of _____
(name of person nominated) **(name of student)**

who is currently registered at this school.

The person I have nominated is an employee of the board.

yes no

Nominator's signature

Date

Please include a brief biography of the candidate you have nominated on the back of this sheet or on a separate sheet attached to this form.

You will be notified when your nomination has been received.