

# Catholic School Advisory Council

## Parent / Guardian Representative Nomination Form

*Blessed Sacrament Catholic School*

### Section 1 - Nominee information

Name of Nominee: \_\_\_\_\_

Address of Nominee: \_\_\_\_\_

Home phone: \_\_\_\_\_ Bus./Cell phone: \_\_\_\_\_

email address: \_\_\_\_\_

Nominee is parent/guardian of: \_\_\_\_\_ who is currently registered at Blessed Sacrament  
Name of Student

Nominee is an employee of the Toronto Catholic District School Board: Yes  No

### Section 2 - Nominator information: If this is a self-nomination, please skip this section and proceed to section 3

Name of Nominator: \_\_\_\_\_

Address of Nominator: \_\_\_\_\_

Home phone: \_\_\_\_\_ Bus./Cell phone: \_\_\_\_\_

email address: \_\_\_\_\_

Nominator is parent/guardian of: \_\_\_\_\_ who is currently registered at Blessed Sacrament  
Name of Student

Nominator is an employee of the Toronto Catholic District School Board: Yes  No

### Section 3 - Signature

Nominator signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* Please include a brief biography of the candidate you have nominated on the back of this form. \*

You will be notified when your nomination has been received.