



CANDIDATE NOMINATION PAPER SCHOOL COUNCIL

Attendance Area

CANDIDATE INFORMATION

Full Name	(last, first, middle)		
Name as to Appear on Ballot	(last, first)		
Home Address			
Mailing Address (if different)			
Contact Information (phone/email)	(primary contact)	(secondary)	(other)

CANDIDATE ELIGIBILITY AND CONSENT

This is to affirm that I, _____ am a qualified elector for the school attendance area, and consent to my nomination as a candidate at the election of members of a School Council for the above attendance area.

(Candidate Signature)

(Date)

NOMINATION FORM ADMINISTRATION

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

ELECTOR DECLARATIONS FOR CANDIDATE NOMINATION

We, the undersigned, as qualified electors in the attendance area of _____,
hereby nominate, as a candidate at the election of members of a School Council for the above attendance area

(Name of Candidate)

#	Name of Nominating Elector	Address	Signature
1			
2			
3			
4			

Note: Nominations require a minimum of three signatures from qualified electors. A witness to all the signatures on the submitted page is required; a person being nominated as a candidate may be a witness. If required, a separate page would be used for additional witnesses.

DECLARATIONS OF WITNESS

I, _____, declare that I witnessed the signing of this nomination form by the electors noted above:
(Print name of witness)

(Signature of witness to elector signatures)

(Address)

DECLARATION OF PERSON ADMINISTERING THE OATH

Declared before me, _____

(Print name of person administering the oath)

Place of Oath

Signature of Returning Officer / Justice of Peace / Notary Public / Peace Officer

Date