

## **Harriett Todd Public School**

11 George Street, Orillia, Ontario, L3V 2V1 Phone # 705-325-9388 FAX # 705-329-2101 Website: har.scdsb.on.ca

**Marg Moran - Principal** 

**Colin Shawyer - Vice-Principal** 

## SCHOOL COUNCIL PARENT CANDIDATE NOMINATION FORM

Name: _					
Address: _					
- Home Phone:_		Business/Cell Ph			-
I am the parer	nt/guardian of <sub>-</sub>		nild and date o	of birth)	_
who is current	ly registered at	this school.			
council. I und		cy for an elected posi e and responsibilities			
representative	s for school cou	of the Simcoe Count uncils if they are emp nform their school co	loyed at the s	chool. If they are	un as parent employed elsewhere
Candidate Sigr	nature: Date:				
Received by: _			Time:	Date: _	
		NONITANIMON	I FORM RECEI		
The nominatio received.	n form for pare	ent representative on	the School Co	ouncil for Harriett	Fodd has been
School Official			Date		





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