

Stephen Leacock Public School Council Membership Form

I wish to be a member of the Stephen Leacock Public School Council.

Name: _____

Address: _____

Home Phone: _____ Bus. Phone: _____

E-mail: _____

I am the parent/guardian of _____,

(name of student)

who is currently registered at this school.

Parent / Guardian signature

Date

Council Members:

- attend and participate in council meetings
- participate in the work of council
- act as a link between the council and community
- encourage participation of Stephen Leacock parents

Nomination Form Receipt

The nomination form for parent/guardian representative on the school council for

_____ at Stephen Leacock Public School has been received by:

Principal or Delegate

Date