

ST. MICHAEL CATHOLIC SCHOOL COUNCIL ELECTION

September 5th, 2017

On Tuesday, September 26th at 7:00 p.m. we will have an election to establish a new Catholic School Council for St. Michael Catholic Academy. The members of the Catholic School Council play a vital role in the educational system of Ontario. They provide a forum through which parents and other members of school communities can contribute to improving student achievement and school performance.

The role of a Council Member is to:

- Be part of an advisory body of parents which will give the Principal input and advice on school matters
- Place the overall interests of the school and students first
- Attend and participate in Council Meetings
- Participate in information and training programs
- Act as a link between the School Council and the community
- Encourage the participation of all parents and individuals within the school community
- Seek to reach consensus in the decision-making processes of the Council, Reg. 612

The requirements of a Parent Representative on the Catholic School Council are:

- Parent Representatives **MUST** have a child enrolled in the school
- Nominees **MUST** be present for the election on Tuesday, September 26th; 2017
- Nominations **WILL** be accepted from the floor.

If you are interested in becoming a candidate for election, please complete the form (below) and forward it to the school secretary by Friday September 22nd, 2017.

Please join us **Tuesday, September 26th, 2017** for our Catholic School Council election. We will gather in the library located on the second floor.

D. Fitzpatrick
Principal

ST. MICHAEL CATHOLIC SCHOOL COUNCIL NOMINATION FORM

Election Night: Tuesday, September 26, 2017 at 7:00 pm in library

CANDIDATE'S NAME: _____ (Print)

HOME PHONE # _____ BUSINESS PHONE # _____

EMAIL ADDRESS _____

I wish to declare my candidacy or nominate the above for an elected position as a parent representative on the school council. I understand the role and responsibilities of a Catholic School Council member.

I am the Parent/Guardian of: _____ (Name/Grade/Teacher)

I am an employee of the YCDSB Yes No

Candidate's Signature _____ Date: _____

(Return this form to the school office by Friday September 22nd, 2017)

