



Northeastern Catholic District School Board

CATHOLIC SCHOOL COUNCILS DECLARATION OF CANDIDACY

School Name: _____

CANDIDATE	
Name:	_____
Address:	_____
Phone number(s):	_____
Student(s) name:	_____

I am the parent/guardian of the above-named student(s) who is currently registered at this school.

I am an employee of the board: Yes No

Candidates Signature: _____ **Date:** _____

Please return form to the school by: _____

Received Date: _____ **Principal's Signature:** _____

Note: Principal will notify candidates of receipt and next steps.