



## Parent Involvement Committee Application/Nomination Form for Parent and Employee Representatives

Please Print:	
Name :	Phone:
Mailing Address:	Postal Code:
E-mail Address:	<del></del>
I wish to apply/be nominated as the following re	epresentative: (Please check ONE)
Elementary parent	Secondary parent
Elementary teacher	Secondary teacher
Other Board employee (Specify role:	)
and if you have any School Council experien	nce (not necessary).
For elected parent representative nominees  Number of children in A.D.S.B. school(s)	ONLY: (election likely not required)  Grades attending:
Schools attending:	
Nominee's Signature	Date: