CPIC PARENT NOMINATION FORM

Please check: Parent Rep.:____ Alternate Ward Parent Rep:_____

Your Name: _____

Name of TCDSB School(s) that your child or children are currently attending:

_____

Phone number you can be reached at: _____

Reasons for wanting to represent your Ward:

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Suggestions for your brief speech: Introduce yourself by name, identify the school(s) your children attend, the number of children you have in Catholic Schools, your involvement with your children's education, your reasons for wishing to represent the Ward and ways you would accomplish this.

Thank you!