



**School Community Council  
Nomination Form**

Name of Nominee

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Are you a parent or legal guardian of a student in \_\_\_\_\_ School

\_\_\_\_ Yes      \_\_\_\_ No

Are you an elector of the Chinook School Division and live in the attendance area of \_\_\_\_\_ School

\_\_\_\_ Yes      \_\_\_\_ No

Signature of Nominee \_\_\_\_\_

Signature of Witness \_\_\_\_\_



Chinook  
School Division

**School Community Council  
Ballot**

Please write the names of nine individuals below:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_