

**ST. FRANCIS OF ASSISI CATHOLIC ELEMENTARY SCHOOL  
CATHOLIC SCHOOL COUNCIL PARENT REPRESENTATIVE  
ELECTION/NOMINATION FORM**

**APPLICATION:**

Name of Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

All parents with children in the school are encouraged to participate in the Catholic School Council.

Policy 601 states that parents must form a majority on council (3.210 and that two-thirds of its members are Roman Catholic (3.12).

Please indicate if you are Roman Catholic: [ ] Yes [ ] No

Name(s) of child(ren) attending St. Francis School for the 2011/2012 school year:

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**NOMINATION:**

We are parents with children attending St. Francis of Assisi School and wish to nominate the following person for a position on the Catholic School Council:

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Signature of first nominating parent: \_\_\_\_\_

Signature of second nominating parent: \_\_\_\_\_

Please return this completed form to St. Francis of Assisi School, attention of the CSC Mailbox by Friday, September 23, 2011 or bring to the first Council meeting on Monday September 26, 2011.