



ST JOSEPH'S PRIMARY SCHOOL
School Advisory Council

SAC NOMINATION FORM
Three Year Tenure

Please complete the following information to nominate as a candidate for a School Advisory Board Membership position.

Candidate Name: _____

Nominated By (if required): _____

Candidate Contact Information:

Phone Number: _____

Email: _____

Acceptance:

Approval:

As a member of the School Advisory Council I can offer the following (***Nominee to complete***):

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