



Tasmanian Catholic Schools Parents Council

School/College Nominee	
Nominee Information	
Name:	
Email:	
Phone:	
Address:	
Catholic: YES / NO (Select)	Parish (if applicable):
Supported	
School/College Name:	
Principal:	
Name:	
Signature:	
Children Names in School/College (include Grade)	
Name	Name
Name	Name
Signature:	
I agree to the nomination for appointment as the School/College Nominee for the Tasmanian Catholic Schools Parents Council (TCSPC)	
Signature:	Date: