Local Associations are requested to use this form for the purpose of nominating representatives to the Special Education Advisory Committee of the Lakehead District School Board. Nominations will be welcomed in person, by fax, or via email to

Robin Orr | Office of the Superintendent
Jim McCuaig Education Centre
2135 Sills Street Thunder Bay ON P7E 5T2
Fax (807) 623-7848 Email Robin_Orr@Lakeheadschools.ca

Date

NOMINATION OF REPRESENTATIVE

Name ........................................................................................................................................ Mr. Mrs. Miss Ms
Address ...................................................................................................................................
City ................................................................................................................................. Postal Code
Telephone (Home) ........................................................................................................ Fax (Home)
Telephone (Business) ..................................................................................................... Fax (Business)
Email .....................................................................................................................................
Occupation ............................................................................................................................

LOCAL ASSOCIATION

Name of Local Association ........................................................................................................
Executive Officer (with whom we may correspond) ................................................................. Mr. Mrs. Miss Ms
Position ...................................................................................................................................
Address (where we may correspond) ........................................................................................
City ........................................................................................................................................ Postal Code
Telephone (807) ................................................................................................................ Fax (807)
Email .....................................................................................................................................
Association Meetings are held ................................................................................................
PROVINCIAL ASSOCIATION

Name of Parent Provincial Association

Contact Person Mr. Mrs. Miss Ms

AddressPostal Code

TelephoneFax

Email

Evidence of active provincial membership by a local association is required (please attach a copy of Provincial Membership Certificate.)

An association is defined as “an association or organization of parents that operates locally within the area of jurisdiction of a board and that is affiliated with an association or organization that is not an association or organization of professional educators, but that is incorporated and operates throughout Ontario to further the interests and well-being of one or more groups of exceptional children or adults.”

I, the undersigned, acknowledge that ________________________________________________________ is:

A) a Canadian citizen;
B) the full age of eighteen years;
C) a resident within the jurisdiction of the Board; and
D) a public school elector; and
E) not employed by the Lakehead District School Board in any capacity.

SignaturePosition

Freedom of Information
Personal information on this form is collected under the authority of the Education Act, R.S.O. 1980, subsection (2) of section 206. Information collected will be used by the Special Education Advisory Committee to the Lakehead District School Board.