ΝΟΜΙΝΑΤΙΟ	N – A S S O C I A T	ION/AGENCY ALTERNATIVE RE
Page 1 of 2		
Your Children	Lakehead Public Schools Our Students The Future www.lakeheadschools.ca	Special Education Advisory Committee
		Centre
		Email christine_jones@lakeheadschools.ca
Date		
Address		Postal Code
Telephone (Home)		Fax (Home)
Telephone (Business)		Fax (Business)
Email		Occupation
LOCAL ASSOCIATI	n	
	hom we may correspond)	Mr. Mrs. Miss Ms
Address (where we may	correspond)	
Address (where we may City		Postal Code
Telenhone (807)		Fax (807)
Email		()
Association Meetings are	held	
Ellen Chambers		Sherri-Lynne Phara
Chair		Director of Educati

NOMINATION-ALTERNATIV	VE/AGENCY REP			
Page 2 of 2				
PROVINCIAL ASSOCIATION				
Name of Parent Provincial Association				
Contact Person	Mr. Mrs. Miss Ms			
Address	Postal Code			
Telephone	Fax			
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

Signature

Position

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.

Special Education Advisory Committee

