

# NOMINATION • REPRESENTATIVE

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Lakehead  
Public  
Schools

Committed to the success of every student  
[www.lakeheadschoos.ca](http://www.lakeheadschoos.ca)

Special Education Advisory Committee



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. Please complete and return to:

**Simona Serrao, Executive Secretary**  
**Office of Superintendent**  
**Jim McCuaig Education Centre**  
**2135 Sills Street, Thunder Bay, ON, P7E 5T2**  
**Phone: (807) 625-5126**      **Email: [simona\\_serrao@lakeheadschoos.ca](mailto:simona_serrao@lakeheadschoos.ca)**

Date: \_\_\_\_\_

## NOMINATION OF REPRESENTATIVE

Nominated Member of Local Association

Name: \_\_\_\_\_ ☐ Mr.    ☐ Mrs.    ☐ Miss.    ☐ Ms.

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Business): \_\_\_\_\_

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

Occupation \_\_\_\_\_

## LOCAL ASSOCIATION

Name of Local Association \_\_\_\_\_

Executive Officer (with whom we may correspond) \_\_\_\_\_ ☐ Mr.    ☐ Mrs.    ☐ Miss.    ☐ Ms.

Position \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
(where we may correspond)

Telephone (Home): \_\_\_\_\_

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



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## PROVINCIAL ASSOCIATION

Name of Parent Provincial Association

Contact Person

☐

Mr.

☐

Mrs.

☐

Miss.

☐

Ms.

Address:

City:

Postal Code:

Telephone (Home):

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.

