



NOMINATION FOR ARCHDIOCESAN SCHOOL BOARD APPOINTMENT

* Please complete all sections of form before submitting recommendation for approval*

ARCHDIOCESAN SCHOOL NAME: _____

FULL NAME: _____

Mr / Mrs / Ms / Dr / Other

ADDRESS: Home: _____

Business: _____

Postal: _____

Email: _____

PHONE: Home: _____ Bus: _____ Mobile: _____

OCCUPATION: _____

ASSOCIATION WITH SCHOOL/COLLEGE:

Parent / Care Giver - children attending School/College _____

Parent / Care Giver – children attending other School/College _____

School Association: _____

(Parent / P & F / Committees / etc)

RELIGIOUS AFFILIATION: _____

(Religion / Church Involvement)

- Holds a current, or indicated a willingness to acquire and maintain, satisfactory National Police and/or Working with Vulnerable People Checks (where applicable).

Signed