

RECOMMENDATION FOR SCHOOL PARENTS & FRIENDS COMMITTEE APPOINTMENT

	OF NOMINEE s / Dr / Other			
POSITION I	NOMINATED (Ple	ease circle one or	r more positions):	
President	Secreta	ry Treas	surer	
ADDRESS:	Home:			
	Business:			
	Postal:			
	Email:			
PHONE:	Home:	Bus:	Mobile:	
OCCUPATIO	ON:			
ASSOCIATION	ON WITH SCHOO	OL (brief details o	of any relationship with th	ne school):
Parent / Care	e Giver - children a	ttending School/Co	llege	
Friend of the	school			
RELIGIOUS (Religion / Ch	AFFILIATION: _ nurch Involvement)		
Pleas	se attach a brief	statement of sup	pport for any nominated p	osition.
Signed (Principal)		Signe	ned (Board Chair/Parish Priest)	
SCHOOL OFFICE	USE ONLY:			