



2018-2019 Bresnahan School Council  
Parent Nomination Form

Your Name: \_\_\_\_\_

Your email: \_\_\_\_\_

Child(ren) at the Bresnahan. Please list grades.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to serve as a parent representative on the Bresnahan School Council? Please include some background information about yourself.

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How do you plan on contributing to the council as a parent representative?

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\_\_\_\_\_  
\_\_\_\_\_

Additional comments (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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