



# School Council Election Ballot

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

School: \_\_\_\_\_

For: Parent/Guardian Representatives

Vote for no more than \_\_\_\_\_ candidates on this ballot.

Place an X in the box before the name(s) of the candidate(s) of your choice. Note that the persons whose names are marked with an asterisk are employees of the OCDSB.

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
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