

NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE (EDMONTON SCHOOL DIVISION TRUSTEE)

We, the undersigned electors of Ward _____ of the Edmonton School Division, Province of Alberta, **NOMINATE**

_____, _____
 (Candidate's Surname) (Candidate's Given Names)

The candidate's local political party or slate is _____ (if applicable).

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
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NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE (EDMONTON SCHOOL DIVISION TRUSTEE)

We, the undersigned electors of Ward _____ of the Edmonton School Division, Province of Alberta, **NOMINATE:**

_____, _____
 (Candidate's Surname) (Candidate's Given Names)

The candidate's local political party or slate is _____ (if applicable).

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
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**NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE
(EDMONTON SCHOOL DIVISION TRUSTEE)****CANDIDATE'S ACCEPTANCE**

I, the above named candidate, solemnly swear (affirm)

THAT I am eligible under sections 21 and 47 of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* to be elected to the office;

THAT I am not otherwise disqualified under section 22, 23 or 23.1 of the *Local Authorities Election Act*;

THAT I will accept the office if elected;

THAT I have read sections 12, 21, 22, 23, 27, 28, 47, 68.1, and 151 and Part 5.1 of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* and understand their contents;

THAT I am appointing as my official agent (if applicable):

(Name, email address and/or complete address and postal code; and telephone number of official agent)

THAT I will read and abide by the Trustee Code of Conduct if elected; and

THAT the electors who have signed this nomination paper are eligible to vote in accordance with the *Local Authorities Election Act* and *Education Act* and resident in the Edmonton School Division on the date of signing the nomination.

PRINT NAME AS IT SHOULD APPEAR ON THE BALLOT

(Candidate's Surname)

(Given Names) (may include nicknames, but not titles, i.e. Mr., Mrs., Dr.)

SWORN (AFFIRMED) before me at the _____

of _____, in the Province of

Alberta this ____ day of _____, 20____.

Candidate's Signature

Signature of Returning Officer or Commissioner for
Oaths or Notary Public in and for Alberta
(also include printed or stamped name and expiry date)

Commissioner for Oaths Stamp

RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:

Signature of Returning Officer

IT IS AN OFFENCE TO SIGN A FALSE AFFIDAVIT OR A FORM THAT CONTAINS A FALSE STATEMENT