



Calgary Board of Education

School Council 2009-2010 Registration Form

In order to help us maintain a correct listing and to update our records for school councils, we ask for your assistance in completing the following information. **Please FAX completed form to Communications (Attn: Katie Young) at 403.294.8172.**

School: _____ **Ward:** _____

School Council Chair

Name: _____
Address: _____ Postal Code: _____
E-mail: _____ Home Phone: _____
Alternate Phone#: _____
* Signature _____

School Council Co-Chair (alternate contact)

Name: _____
Address: _____ Postal Code: _____
E-mail: _____ Home Phone: _____
Alternate Phone#: _____
* Signature _____

Key Communicator Representative *(Individuals who usually attend the System/Area meetings and/or share pertinent meeting and District information with all parents.)*

Name: _____
Address: _____ Postal Code: _____
E-mail: _____ Home Phone: _____
Alternate Phone#: _____
* Signature _____

We will communicate as much information as possible via our bi-weekly Key Communiqué email bulletin.

* Permission Release:

I give permission for the Calgary Board of Education to contact me about matters relating to school councils, the district, meetings, events and issues impacting public education. If I decide I no longer wish to remain on this contact list or any of my contact information changes, I will inform Communications at 403.294.8566 or by e-mail to klyoung@cbe.ab.ca.