

## DECLARATION OF QUALIFICATION FOR THE GREATER ESSEX COUNTY DISTRICT SCHOOL BOARD OFFICE OF PUBLIC SCHOOL TRUSTEE

| Name of Applicant:   |                        |             |
|--|------------------------|-------------|
| Municipal Address (including postal code):   |                        |             |
|  |                        |             |
| Mailing Address (if different):  |                        |             |
|  | I =                    |             |
| Home Phone: E-mail Address:  | <b>Business Phone:</b> | Cell Phone: |
| L man radicos.   |                        |             |
| DECLARATION OF QUALIFICATION   |                        |             |
| I,, an applicant for the office of Public School Trustee, Wards 3, 4 and 10, declare that I am presently legally qualified, or would be presently legally qualified if I were not a member of the Legislative Assembly of Ontario or the Senate or House of Commons of Canada, to be appointed or elected and to hold the office for which I am seeking appointment and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.  DECLARED before me at the City of Windsor on this |                        |             |
| CERTIFICATE OF RECEIPT   |                        |             |
| Date application received:   |                        |             |
| Application Complete:YesNo   |                        |             |
| This application was received prior to 12:00 noon on December 10, 2024 and will be submitted to the Board for consideration in the filling of the vacancy for the Office of School Trustee, Ward 3, 4 and 10.  |                        |             |
| (Signature of Director of Education or designate) (Date certified)   |                        |             |