



**Good Spirit School Division  
School Community Council Member Information Sheet**

**School Community Council Name:** \_\_\_\_\_

Member Name	Position	E-mail Address
	Chair	
	Vice-Chair	
	Secretary	
	Treasurer	
	First Nations Representative	
	Student Representative	
	Student Representative	
	Other (specify)	
	Other (specify)	
	Other (specify)	
	Other (specify)	
	Other (specify)	
	Other (specify)	

**Annual Meeting Date and Time:** \_\_\_\_\_

**Regular Meeting Dates and Times**

Date	Time		Date	Time
September			February	
October			March	
November			April	
December			May	
January			June	

**Meeting Locations:** \_\_\_\_\_

Please complete and return to [info@gssd.ca](mailto:info@gssd.ca) by September 30.

Please post this information on the SCC page of the school website by September 30.