



NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE (PUBLIC SCHOOL TRUSTEE)

Local Authorities Election Act (sections 12, 21, 22, 23, 27, 28, 47, 68.1, 151, PART 5.1)
Education Act (sections 4(4), 74)

Note: *The personal information on this form is being collected to support the administrative requirements of the local authorities' election process and is authorized under Section 27 of the Local Authorities Election Act. The personal information will be managed in compliance with privacy provisions of the Freedom of Information and Protection of Privacy Act, or St. Albert Public Schools' FOIP Coordinator at 780-460-3712.*

LOCAL JURISDICTION: ST. ALBERT PUBLIC SCHOOL DISTRICT 5565, PROVINCE OF ALBERTA

ELECTION DATE: Monday, October 20, 2025

We, the undersigned electors of the **City of St. Albert**, nominate (please print):

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

of _____
(Candidate's Residential Address or Legal Land Description) (Candidate's Telephone Number)

as a candidate at the election about to be held for the office of **PUBLIC SCHOOL TRUSTEE, in the ST. ALBERT PUBLIC SCHOOL DISTRICT 5565, in the Province of Alberta.**

Signatures of at least **5 ELECTORS ELIGIBLE TO VOTE** in this election in accordance with sections 27 & 47 of the *Local Authorities Election Act*, and sections 4(4) and 74 of the *Education Act*:

Printed Name of Elector	Complete Residential Address and Postal Code of Elector	Signature of Elector
1.		
2.		
3.		
4.		
5.		

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

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 or 23 of the *Local Authorities Election Act*;
- THAT I will accept the office if elected;
- THAT I have read sections 68.1, and 151 and Part 5.1 of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* (if applicable) and understand their contents;
- THAT I am appointing _____ as my official agent; (Name, Contact Information or Complete Address, Postal Code and Telephone Number of Official Agent) (if applicable)
- THAT I will read and abide by the municipality's code of conduct if elected (if applicable); 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 City of St. Albert 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

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

Nomination Papers will be received between January 1, 2025 to 12 Noon on September 22, 2025 at City Hall (5 St. Anne Street, St. Albert, AB)

CANDIDATE INFORMATION

Local Authorities Election Act (section 27)

NOTE: The personal information on this form is being collected to support the administrative requirements of the local authority's election process and is authorized under section 27 of the Local Authorities Election Act and section 33(c) of the Freedom of Information and Protection of Privacy Act. The personal information will be managed in compliance with the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions concerning the collection of this personal information, please contact the City's FOIP Coordinator at 780-459-1500 or email FOIP@stalbert.ca, or St. Albert Public Schools' FOIP Coordinator at 780-460-3712.

Candidate's Full Name: _____

Candidate's Address and Postal Code: _____

Address(es) of place(s) where candidate records are maintained: _____

Name(s) and address(es) of financial institutions where campaign contributions will be deposited (if applicable): _____

Name(s) of signing authorities for each depository listed above (if applicable): _____

Where there is any change in the above-mentioned information, the candidate shall notify the City of St. Albert in writing within 48 hours of such changes by submitting a completed information form.