



**PRINCE EDWARD ISLAND  
HOME AND SCHOOL FEDERATION INC.  
2025 NOMINATION FORM**

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The P.E.I. Home and School Federation is the umbrella organization of Home and Schools across P.E.I., and is overseen by a volunteer board elected by delegates from member home and schools. Every year at the annual meeting elections are held for vacant positions on the board, and members are encouraged to nominate candidates who, in your opinion, have the necessary qualifications to do the work of the provincial Federation.

For more information about the duties of PEIHSF directors, talk to the director who represents your family of schools or call the Federation office.

Submit nominations to: P.E.I. Home and School Federation Attn. Nominations Chair

E-mail: [info@peihsf.ca](mailto:info@peihsf.ca) | PO Box 1012 Charlottetown PE C1A 7M4

By: **April 12, 2025**

- Note:
1. Officers shall be chosen from present members of affiliated Home and School Associations with addresses and phone numbers supplied.
  2. Resumes will be accepted.
  3. Two-year terms apply for all positions, **ending AGM 2027.**

**NOMINATIONS MAY BE MADE FOR ALL OFFICES LISTED BELOW:**

**Secretary**

The Secretary attends and records minutes of all PEIHSF meetings.

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

**Treasurer**

The Treasurer keeps track of official financial records providing reports to the PEIHSF board and general meetings.

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

**REGIONAL DIRECTORS:**

Regional directors advise the president on the affairs of the Federation between Annual and Semi-Annual Meetings as representatives of the respective Families of Schools.

**1. Bluefield Family of Schools**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

**2. Kensington Family of Schools**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

**3. Souris Family of Schools**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

**4. Three Oaks Family of Schools**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

**5. Westisle Family of Schools**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

**NOMINATOR'S SIGNATURE:**

Name: (Local Association / Individual Member): \_\_\_\_\_

Date: \_\_\_\_\_