

**FORM 3RA**

**NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE**  
**Local Authorities Election Act**  
**(Sections 12, 21, 22, 27, 47, 151)**  
**School Act (Section 256)**

THE \_\_\_\_\_ FRANCOPHONE EDUCATION REGION NO. \_\_\_\_\_, PROVINCE OF ALBERTA

We, the undersigned electors of The \_\_\_\_\_ Francophone Education Region No. \_\_\_\_\_,

nominate \_\_\_\_\_ of \_\_\_\_\_  
(name of candidate) (address of candidate)

as a candidate at the election about to be held for the office of \_\_\_\_\_

of the Regional authority of The \_\_\_\_\_ Francophone Education Region No. \_\_\_\_\_.

Signatures of at least **5 ELECTORS ELIGIBLE TO VOTE** in this election in accordance with sections 27 and 47 of the *Local Authorities Election Act* and section 256(1)(1.1)(2) of the *School Act*.

Printed Name of Elector	Address of Elector	Signature of Elector

**CANDIDATE'S ACCEPTANCE**

I, the said \_\_\_\_\_ named  
(surname) (given names)

in the foregoing nomination, solemnly swear (affirm)

THAT I am eligible under sections 21 and 47 of the *Local Authorities Election Act* and section 256(3)(3.1) of the *School Act*;

THAT I am not otherwise disqualified under section 22 of the *Local Authorities Election Act* and section 256(3)(3.1) of the *School Act*;

THAT I will accept the office if elected;

THAT I have read sections 12, 21, 22, 27, 47 and 151 of the *Local Authorities Election Act* and section 256(3)(3.1) of the *School Act* and understand their contents; and

THAT I am appointing (name, address and telephone number of official agent) (if applicable) as my official agent.

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)

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

NOTE :

The personal information that is being collected under the authority of the *Local Authorities Election Act* and the *School Act* will be used for the purposes under those Acts. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*.

If you have any questions about the collection, contact

\_\_\_\_\_  
(title and business phone number of the responsible official)