

NOVA SCOTIA BLOCK PARENT<sup>®</sup> ASSOCIATION  
CHANGE OF COMMITTEE



**PLEASE RETURN ORIGINAL TO:** Chairperson  
Nova Scotia Block Parent Advisory Board

**PLEASE PRINT:**

NAME OF ASSOCIATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

AREAS COVERED BY YOUR PROGRAMME: \_\_\_\_\_

NUMBER OF SCHOOLS COVERED BY YOUR PROGRAM: \_\_\_\_\_

NAME

ADDRESS

PHONE #

CHAIRPERSON: \_\_\_\_\_

COMMITTEE MEMBERS:

POSITION

NAME

ADDRESS

PHONE #

I certify that the above Executive Committee has been screened according to the Block Parent Manual procedures and all members are approved Block Parents.

\_\_\_\_\_  
Signature of Police Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisory Board Approval

\_\_\_\_\_  
Date