# NOMINATION FOR PARENT(S) GOVERNOR

To the Returning Officer at Our Lady of Lourdes Catholic Primary School

We the undersigned, being the parents/guardians of a child(ren) attending the school, wish to nominate:

Name …………………………………………………………………………………..

Address …………………………………………………………………………………..

 …………………………………………………………………………………..

as a Parent Governor(s) of the above named school.

Signed ……………………………………Name ……………………………………… Proposer

Signed ……………………………………Name………………………………………. Seconder

Date …………………………………………………………………………………...

The person nominated should:-

1. sign this form in order to show their willingness to stand as a candidate, should an election be required, and to serve as a Governor.
2. if they wish it included on the voting paper, submit with this form a brief description of themselves. This description should not exceed 50 words and will be returned if it does.

Signed .………………………………………………………………………………..

Date …………………………………………………………………………………