



PARENT GOVERNOR ELECTIONS – NOMINATION FORM

(Please print or type clearly in BLOCK capitals using black ink only)

1a. **Details**

Title: _____ Surname: _____

First Names: _____

Address: _____

_____ Post Code _____

Tel. No: Landline: _____ Mobile: _____

Email address: _____

1b. Child's Name: _____ Class: _____

1c. Why I would like to become a school governor (volunteer position – unpaid)
(please provide a brief description)

1d. I confirm that I wish to stand as a candidate for a place as a parent governor at Mary Immaculate High School.

1e. Signature of parent: _____ Date _____

IMPORTANT:

This form must be returned to the Headteacher by 12.00pm Thursday 14th oct 2021

Received by : _____ Date _____

Headteacher (Returning Officer)