



ELECTION OF PARENT GOVERNORS

PLEASE RETURN THIS FORM TO THE SCHOOL NAMED BELOW WITHIN TWO WEEKS OF THE DATE OF THE COVERING LETTER. I.E. BY **FRIDAY 9TH FEBRUARY 2018**

Name of the school: DEAL PAROCHIAL C.E. (AIDED) PRIMARY SCHOOL

Please enter IN BLOCK LETTERS your name and address. (You must be the parent/carer of a child registered at the school named in 1);

Name

Address

Signature of nominee

Parent /Carer of (Name of Child/ren)

Signature of proposer

Name and address

Parent /Carer of (Name of Child/ren)

Signature of seconder

Name and address

Parent /Carer of (Name of Child/ren)

We would ask that you include a statement of no more than 100 words to support your application. This will be sent to the parents in the event that we have more applications than positions available.