

ELECTION OF PARENT GOVERNOR
ST. JULIAN'S PRIMARY SCHOOL
NOMINATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

Name _____

Address _____

Post Code _____

Telephone _____

Email _____

Signed _____ Date _____

This form should be returned to the Headteacher by 18/09/2019

Your personal details will not be shared, these are for school administrative purposes only

Personal statement (to be used for election purposes only – this will be inserted into a ballot paper together with your name if a ballot is required)