

Candidate Nomination Form (to be returned by the Candidate)

for the

Election of Parent Governor(s) to the Board of Governors

FOR THE TERM OF OFFICE 2024 - 2028

School Name: Killen Primary School

We, the undersigned, propose and second:

Name:

To stand for election as Parent Governor for the term of office 2024 – 2028.

Proposer:

Name:

(Proposer, Parent 1)

Name(s) of pupils(s) registered at the school:

Contact Telephone No:

Email:

Second:

Name:

(Second, Parent 2)

Name(s) of pupils(s) registered at the school:

Contact Telephone No:

Email:

I agree to stand for election as parent governor to the Board of Governors:

Name:

(Candidate)

Name(s) of pupils(s) registered at the school:

Contact Telephone No:

Email:

Date:

Please return this **Nomination Form** and the **Candidate's Personal Statement** to Mrs Goan by post/email/hand delivering to school office in marked envelope not later than Tuesday 8th October 2024