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

Name:	
Nume.	
s parent representative on the board of gove	rnors for the term of office 2024-2028
Proposer:	
Signed:	Name(s) of pupils(s)
(Proposer, Parent 1)
Contact Telephone No:	Email:
Seconder:	
Signed:	Name(s) of pupils(s)
(Seconder, Parent 2)
Contact Telephone No:	Email:
agree to stand for election to the Board of G	overnors:
Signed:	Name(s) of pupils(s)
Contact Telephone No: (Nominee	Email:
contact receptione No.	Linaii.
Date:	1

later than Tuesday 14th May by 12noon.