

Great Crosby Catholic Primary School



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PARENT GOVERNOR NOMINATION FORM

This form should be returned to the Returning Officer at the school by **Wednesday 20th March 2019** at **9.30am**.

**I wish to serve as a parent governor and to be a candidate if an election is necessary.
I confirm that I am eligible to serve as a school governor (and have completed a self-eligibility declaration form).**

| FULL NAME <i>(TITLE, FORENAME & SURNAME)</i> <i>BLOCK CAPITALS PLEASE</i> | ADDRESS | SIGNATURE AND DATE |
|---|---------|-----------------------|
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**Please use this space for your personal statement to support your nomination.
This statement, typed in a standard format, with your name, which will be circulated to all parents in the event of an election.**

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