

# 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 **Thursday 23rd November 2017 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 (TITLE, FORENAME & SURNAME) BLOCK CAPITALS PLEASE	ADDRESS	SIGNATURE AND DATE

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.