NOMINATION FORM - PARENT GOVERNOR



HOLY CROSS CATHOLIC PRIMARY SCHOOL, SWINDON

Person being N	<u>Nominated</u>		
Full Name			
Address, include	ding postcode		
Contact Phone	Number	Mobile	
Email Address			
Governing Boo of which applie	stand as a candidate in the election dy of Holy Cross Catholic Primary S es to me. I am a parent/guardian/fo tered at the school:	chool. I have noted	the disqualifications, none
Name(s)			
Date(s) of Birth	1	Current Class(es)	
Signed		Date	
Proposed by:			
Full name			
Parent of (nam	ne(s) of pupil(s)		
who are currer	ntly registered as pupil(s) at Holy Cr	oss School in	Class(es)
Signed		Date	
Seconded by			
Full name			
Parent of (name(s) of pupil(s)			
who are currently registered as pupil(s) at Holy Cross School in			
Signed		Date	

Please return this form to the Clerk of the Governing Body by **Friday 16th May 2025** by email to apenfold@holycross.swindon.sch.uk.

