

ELECTION OF PARENT GOVERNOR  
ST JULIAN'S SCHOOL  
NOMINATION FORM

*PLEASE COMPLETE IN BLOCK CAPITALS*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**This form should be returned to the Headteacher's PA by Friday 11th October 2019**

*Personal statement (to be used for election purposes only)*