



ELECTION OF PARENT GOVERNOR
September 2021

I WISH TO NOMINATE	_____	Please print name
As Staff Governor of	_____	Elfed High School
Proposer's name	_____	Signature _____

SECONDED BY		
Seconder's name	_____	Signature _____

CONSENT OF NOMINEE	
I, <i>(please print name)</i>	_____
Accept the nomination of Staff Governor	
Signed	_____
Address	_____

The regulations state ***"Nominations shall be made on a designated form which shall be returned to school on or before the stipulated date. Nominations received after that date shall be invalid. Nominees must state their consent to stand for election on the appropriate form, and must be proposed and seconded by Support Staff who are themselves eligible to vote in an election at the school"***.

TO BE RETURNED TO: MR ALISTAIR STUBBS, ELFED HIGH SCHOOL BY 9.00AM ON WEDNESDAY 29TH SEPTEMBER
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