



Date 12th June 2019

Dear Parent / Carer

ELECTION FOR PARENT GOVERNORS

Crown Lane Primary School is looking for a new Parent Governor; elections will take place on the 5th of July.

All parents and carers of children at the school are eligible to stand as candidates and vote in the elections. Each parent will have one vote. Parents who are elected will continue as governors for four years if they wish, even if they no longer have a child at the school.

You can nominate yourself to stand. If you want to nominate another parent, please check with them first that they are willing to stand and ask them to sign the nomination form in the space provided. Extra copies of the nomination form are available from the school office.

Please note the following dates:

Nominations Close:	21 st June 6pm
Nominees invited to welcome meeting at School	25 th June 9.10 - 9.40
Ballot	5 th July

If you cannot come to the school to vote you can apply for a **postal vote** which you must request in advance. If you would like a postal vote then fill in the attached form and send it to the school office. Otherwise no ballot paper will be sent to you and you will need to come in to the school to vote.

Parent governors are very important in the life of the school and I hope that you will vote and also consider being a candidate.

Yours sincerely

Miles Johansen
School Business Manager

Please note: Some people who are not parents but who act as parents and take care of a child at the school may also be able to take part. If you, or someone else living with you, look after a child in this way please contact me to check if you will be able to take part in the election.

NOMINATION FORM FOR A PARENT GOVERNOR

I WOULD LIKE TO NOMINATE MYSELF/OR*

NAME:

ADDRESS:

.....

TELEPHONE NO.

as parent governor at SCHOOL

I AM A PARENT/CARER OF (NAME OF CHILD)

..... (SIGNATURE)

* Please delete as appropriate. If you are nominating someone else please check first that they are willing to stand and ask them to sign below.

..... (SIGNATURE)

PLEASE RETURN FORM TO: Miles Johansen

REQUEST FOR POSTAL BALLOT

I WOULD LIKE A POSTAL VOTE FOR THE ELECTION OF PARENT GOVERNORS AT
..... SCHOOL

I AM A PARENT/CARER OF

NAME OF CHILD:

ADDRESS:

.....

SIGNATURE:

(if a postal vote is required by another Parent/Carer please complete details below also)

I AM A PARENT/CARER OF

NAME OF CHILD:

ADDRESS:

.....

SIGNATURE:

PLEASE RETURN FORM TO: Miles Johansen