

# NOMINATION FORM - PARENT GOVERNOR



## HOLY CROSS CATHOLIC PRIMARY SCHOOL, SWINDON

### Person being Nominated

Full Name .....

Address, including postcode. ....

.....

.....

Contact Phone Number ..... Mobile .....

Email Address .....

I am willing to stand as a candidate in the election for Parent Governor to serve on the Governing Body of Holy Cross Catholic Primary School. I have noted the disqualifications, none of which applies to me. I am a parent/guardian/foster parent of the following pupil(s) who are currently registered at the school:

Name(s) .....

Date(s) of Birth ..... Current Class(es) .....

Signed ..... Date .....

### Proposed by:

Full name .....

Parent of (name(s) of pupil(s) .....

who are currently registered as pupil(s) at Holy Cross 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 ..... Class(es)

Signed ..... Date .....

Please return this form to the Clerk of the Governing Body by **9am on Monday 1<sup>st</sup> June 2026** by email to [apenfold@holycross.swindon.sch.uk](mailto:apenfold@holycross.swindon.sch.uk).



The information supplied by the nominee, if they are elected, will be held on a computerised database by the Data Controller (the school).