***REQUEST FOR POSTAL BALLOT***

I WOULD LIKE A POSTAL VOTE FOR THE ELECTION OF PARENT GOVERNOR

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 THIS FORM TO LINDA ADAMS AT THE SCHOOL OFFICE BY FRIDAY 4TH DECEMBER 2015