

**LLANISHEN HIGH SCHOOL  
PARENT GOVERNOR ELECTION – NOMINATION FORM**

(Please print or type clearly in BLOCK capitals)

1a. **Parent / guardian details:**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1b. I confirm that I wish to stand as a candidate for a place as a parent governor for Llanishen High School

1c. Signature of parent / guardian \_\_\_\_\_ Date \_\_\_\_\_

My child is in Form \_\_\_\_\_

If an election is held, I would like the following information about myself to be circulated to all parents with the ballot paper (**Strictly limited to 50 words maximum. Please note any submission over 50 words would be referred back to you and would delay this process**). If you do not wish to provide any information or the submission space is left blank, your name will still go forward for election without any further details.

Signature of parent / guardian \_\_\_\_\_  
**IMPORTANT:** This form must be returned to the school via email ([sue.healan@llanishen.cardiff.sch.uk](mailto:sue.healan@llanishen.cardiff.sch.uk)) by 3:30 p.m., Thursday, 24<sup>th</sup> October 2024.

Acknowledgement of receipt of Nomination by Headteacher

**NAME AND ADDRESS OF CANDIDATE** (to be completed by candidate)

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I acknowledge receipt of your nomination.

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

**Headteacher** (Returning Officer)