*Insert school emblem* **FORM 2**

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| **2024 SGB ELECTIONS**  **PARENT NOMINATION LIST**  **NAME OF SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ELECTION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *This is a list of the parents whose nominations have been accepted and are eligible to be elected as parent members of our governing body. If the total number of parent candidates is more than the number required for our governing body (i.e****. ……………. members****), a poll must be held*. | |
| **PICTURE OF CANDIDATE (Optional)** | **FULL NAMES OF CANDIDATE** |
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