



## **St. Mary's P.S, Granemore**

### **Parent Support Group**

**2015-2016**

**Please choose an option below**

1. I wish to be a member of the Parent Support Group

☐

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. I wish to hold an elected post on the Parent Support Group

☐

*(Please indicate which office you agree to stand for)*

Chairperson ☐

Secretary ☐

Treasurer ☐

Vice-Chairperson ☐

Vice-Secretary ☐

Vice-Treasurer ☐

***If you wish to stand for an elected post please fill in the following nomination:***

I, \_\_\_\_\_ agree to stand for election to the position of  
\_\_\_\_\_ to the Parent Support Group.

Signed: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Nominated by:**

**Proposer:** \_\_\_\_\_

**Seconder:** \_\_\_\_\_

*The Proposer and Seconder must be parents of a child attending St. Mary's P.S or Cill Chluana Parish Nursery.*

**Please return this form to Ms Savage by Friday 4<sup>th</sup> December.**