

Please enter in BLOCK LETTERS the name and address of the person requesting a postal vote.

I would like a postal vote for the election of parent governors at St. Vincent's Catholic Primary School.

I am a parent / guardian of	(NAME OF CHILD)
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Address:\_\_\_\_\_

Signature: \_\_\_\_\_

Completed request for postal vote forms must be returned to the school by Monday 1<sup>st</sup> April 2019



