



Nomination Form for election to the PTA Committee

Name of Parent / Guardian : _____

Name of Proposer : _____

Name of Seconder : _____

Date : _____

Signature : _____

**You may return this form to Reception before the AGM
or bring it with you to the meeting**

Secretary
PTA

April 2015

Please contact Fiona Coffey (086 2352060) for any further information