|  |
| --- |
| For Office Information |
| **Form 1.** |
| **Diocese:** | **Cloyne** | **School Name:** | Click here to enter text. |
|  |  | **School Address:** | Click here to enter text. |
| **County:** | **Cork** |  | Click here to enter text. |
|  |  |  | Click here to enter text. |
| **Parish:** | **School Phone No:** | Click here to enter text. |
| Click here to enter text. | **School Email:** | Click here to enter text. |
|  |  | **Roll Number:** | Click here to enter text. |

|  |
| --- |
| **Parton Nominees** |
|  | **Nominee 1 – Chairperson** | **Nominee 2** |
| **Title:** | Click here to enter text. | Click here to enter text. |
| **Name:** | Click here to enter text. | Click here to enter text. |
| **Personal Address:** | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
| **Eircode:** | Click here to enter text. |  |
| **Personal Phone No:** | Click here to enter text. |  |
| **Email Address:**(Personal email address where available, please) | Click here to enter text. |  |
| **Was this person the Chairperson of the outgoing Board of Management?** | Click here to choose option. |  |
|  |
| **Elected Parents:** The parents duly elected are  |
|  | **Parent 1** | **Parent 2** |
| **Title:** | Click here to enter text. | Click here to enter text. |
| **Name:** | Click here to enter text. | Click here to enter text. |
| **Personal Address:** | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
| **Teachers:** |
|  | **The Principal** | **Elected Teacher** |
| **Title:** | Click here to enter text. | Click here to enter text. |
| **Name:** | Click here to enter text. | Click here to enter text. |
| **Address:** | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
| I confirm that all above members having considered the criteria in Appendix C of the Governance Manual for Primary Schools 2015-2019 unanimously nominated the following for appointment to the Board of Management **Community Members:** |
| **Title:** | Click here to enter text. | Click here to enter text. |
| **Name:** | Click here to enter text. | Click here to enter text. |
| **Address:** | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |

**N.B.** Please confirm that the election of the parent nominees to the Board of Management was conducted in accordance with **Appendix B** of the **Governance Manual for Primary Schools 2015 - 2019** (Please tick relevant box):

 **Option 1 of Appendix B** [ ]  **Option 2 of Appendix B** [ ]

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