**Combined School Board Election**

**PARENT REPRESENTATIVE VOTING PAPER**

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| **School Names** |  |  |  |
| **School Profile Number** |  |  |  |
| **Date of Election** |  |

You may vote for up to      candidates by inserting a tick against their name. You may vote for candidates associated with any of the schools named below. You do not have to restrict your choice to candidates associated with the school which your child attends.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| School Name: | [x] ✓Vote here |  | School Name:  | [x] ✓Vote here |  | School Name:  | [x] ✓Vote here |
|       |[ ]   |       |[ ]   |       |[ ]
|  |  |  |  |  |  |  |  |
|       |[ ]   |       |[ ]   |       |[ ]
|  |  |  |  |  |  |  |  |
|       |[ ]   |       |[ ]   |       |[ ]
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|       |[ ]   |       |[ ]   |       |[ ]
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|       |[ ]   |       |[ ]   |       |[ ]

Your vote will not be counted unless this paper is delivered or posted to the Returning Officer at       before 4pm on the day of the election.

Postal votes will be counted if received by the Returning Officer within 5 five days after the day of the election.