

Your Ref:

Our Ref: JM/001/19/SB

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EDUCATION, PEOPLE & BUSINESS DIRECTORATE

JACQUI MACDONALD Chief Education Officer 12 Strathkelvin Place KIRKINTILLOCH Glasgow G66 1TJ

Telephone: 0300 1234510

Dear Parent/Carer

Establishment of the Interim Parent Council

In February 2019, officers wrote to all parents/carers, staff and community member's involved with the new Additional Support Needs School in Kirkintilloch. This communication informed stakeholders of the process following the Scottish Government consent in January 2019.

To assist in the development of the new school, an interim parent council will be established and will have an equal number of parents from Campsie View School and Merkland School and will represent the views of parents throughout the process of establishing the new school.

We would like to invite nominations for the Interim Parent Council to be elected to an initial meeting on Thursday 12th September 2019 at 6:30pm in Lenzie Meadow Primary School, Moss Road, Kirkintilloch, G66 4HW.

We will be asking parents to submit nominations for membership in advance of this meeting, and we would propose membership would initially consist of between three and six members from each school involved. A vote will be held at the meeting to elect members of the interim parent council, and to appoint office bearers. This will be followed by a presentation by the major assets team on the next steps in the design and build process.

Please find attached the nomination forms for the membership of the Interim Parent Council. Can I please ask that you submit your nomination to your Head Teacher by Friday 6th September 2019.

I very much hope you will be able to contribute to this process and I look forward to working with you.

Please do not hesitate to contact me if I can be of any assistance.

Yours sincerely

JACQUI MACDONALD Chief Education Officer

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Nomination Form for Parent Members to Serve on the Parent Council

NOMINATION FORM

To be completed and lodged with the Head Teacher/senior officer no later than Friday 6^{th} September 2019.

Full Name of Candidate	
(in Block Capitals)	
Home Address in full	
nome Audress in full	
Email contact	
ещин соптаст	
Contact tel no:	
Contact tel no:	
Stage(s) child (children) is/are at in the School	
is/are at in the School	
I, the above named cand	idate hereby confirm my willingness to serve as a Parent Member on the
interim Parent Council 10	r the New Additional Support Needs School in Kirkintilloch.
Name:	
name:	***************************************
C:	
oignature:	
Deter	
Date:	