



Nomination Form

Election of Parent Governor

Please enter IN BLOCK LETTERS the name and address of the person being nominated for election:

Name: _____

Address: _____

Being the parent/guardian of (name of pupil): _____

Signature of person nominated: _____

Signature of proposer (if different to nominee): _____

Name and address in BLOCK letters of proposer (if different to nominee):





Personal Statement (maximum 250 words)

I wish to submit my nomination for the election of parent governor (subject to DBS check).

I confirm a) that I am willing to stand as a candidate for election as a parent governor and b) that I am not disqualified from holding office for any of the reasons set out in the School Governance Regulations.

I understand that neither the Headteacher or the Director of Education bear responsibility for the validity of any statement made above.

Signature :

Date :

COMPLETED NOMINATION FORMS MUST BE RETURNED TO THE SCHOOL BY 1.00 PM FRIDAY 14 MAY

