

Election of parent governors

Please enter in BLOCK letters the name and address of the person being nominated for election:

Name:

Address:

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

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

Signature _____

Date _____

Completed nomination forms must be returned to the school