



ELECTION OF PARENT GOVERNOR

NOMINATION FORM

SCHOOL:

NAME:
(Mr/Mrs/Miss/Ms)

I wish to serve as a Parent Governor and to be a candidate if an election is necessary. I confirm that I am eligible to serve as a school governor. A personal statement (**100 words maximum**) for inclusion in the voting paper is given below.

SECONDED* BY: NAME:
(Mr/Mrs/Miss/Ms)

ADDRESS:
.....
.....

SIGNATURE:

*The seconder must be a parent at the school.

PERSONAL DETAILS (100 words maximum)

PLEASE PLACE THIS NOMINATION FORM IN A SEALED ENVELOPE MARKED 'NOMINATION FOR PARENT GOVERNOR'. RETURN THE ENVELOPE TO THE CLERK TO GOVERNORS VIA THE SCHOOL OFFICE.