

Parent Governor Election - Nomination Form

This form should be returned to the Principal at the school by Monday 3rd February 2020.

| I wish to serve as parent governor and to be a candidate if an election is necessary. | | | |
|---|----------------|---------------------------|--|
| Full name <small>(title, forename & surname)</small> <small>BLOCK CAPITALS, PLEASE</small> | Address | Signature and date | Name of child <small>(with class, year group or tutor group)</small> |
| | | | |

| These parents of children currently attending the school support my nomination: | | | |
|---|----------------|---------------------------|--|
| Full name <small>(title, forename & surname)</small> <small>BLOCK CAPITALS, PLEASE</small> | Address | Signature and date | Name of child <small>(with class, year group or tutor group)</small> |
| | | | |
| | | | |

Please use this space for a brief (250 words maximum) personal statement to support your nomination. This statement, presented in a standard format, with your name, will be circulated to parents if there is a contested election.