**ELECTION OF PARENT GOVERNOR**

**Nomination Form**

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 nominees):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLETED NOMINATION FORMS MUST BE RETURNED TO THE MAIN SCHOOL RECEPTION BY**

**MONDAY 25THNOVEMBER 2024 BY 9.00 AM**

**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 nor the Director of Education bear responsibility for the validity of any statement made above.

**Signature :**

**Date** :