

PARENT GOVERNOR NOMINATION FORM



Election of parent governors

Please enter IN BLOCK LETTERS your name and address:

Name: _____

Address: _____

Signature of person nominated: _____

Personal Statement:

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 (Constitution) (England) Regulations 2012.

Signature: _____

Date: _____