



NOMINATION FORM FOR PARENT GOVERNOR

(Mr/Mrs/Miss/Ms) _____ (full name)

(full address)

(Telephone Number)

(Home) _____ (Work) _____

Parent/Legal Guardian (Parental responsibility) of

_____ (child's name)

I wish to stand for election as a Parent governor of the above school. The following two parents or legal guardians of children attending the school support my nomination:

Signature

Address

1. _____

(Name) _____

2. _____

(Name) _____

Brief election statement:

Signature of Candidate: _____

Date: _____

Please return completed nomination form to the
Headteacher via the school office to arrive not later than
9.00 am Monday 23rd September 2019