

NOMINATION FORM FOR THE ELECTION OF PARENT GOVERNOR(S)

Name:

Address:

Telephone:

E-mail address:

Pen Portrait (maximum 60 words)

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 Regulations.

Signature:

Date: