

Election of Parent Governors

Nomination Form

Name:	
Address:	
Please tick ✓	
	I declare that I have a child on roll at the school and am eligible and willing to
	serve as a parent governor
	I declare that I have read and understood the disqualification criteria
	I understand that the post requires me to hold a DBS certificate
Signature:	
Nominated by: (Self nomination is acceptable)	
Name:	
Address:	
Signature:	
Candidate's statement for inclusion on ballot paper:	