



## 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:**

Completed nomination must be returned to the school by: **12 noon Friday 13<sup>th</sup> June 2025**. Return by email is acceptable – [admin@littledean.gloucs.sch.uk](mailto:admin@littledean.gloucs.sch.uk)