

PARENT GOVERNOR ELECTION: NOMINATION FORM

Marling School

This form should be completed in Block Capitals and returned to the Returning Officer, at the school, before 12noon on Wednesday 4th October 2017

I wish to serve as a Parent Governor and to be a candidate if an election is necessary.			
FULL NAME <i>(TITLE, FORENAME & SURNAME)</i>	ADDRESS	SIGNATURE AND DATE	NAME OF CHILD <i>(with CLASS, YEAR GROUP OR TUTOR GROUP)</i>
	Email:	Date:	

These parents, of children currently attending the school, support my nomination.			
FULL NAME <i>(TITLE, FORENAME & SURNAME)</i>	ADDRESS	SIGNATURE AND DATE	NAME OF CHILD <i>(with CLASS, YEAR GROUP OR TUTOR GROUP)</i>
		Date:	
		Date:	

Please use this space for a brief (50 words maximum) personal statement, including skills you would bring to the Local Governing Body, to support your nomination. This statement, typed in a standard format, with your name, will be circulated to parents if there is a contested election. Please note that only the first 50 words will be printed.