**PARENT GOVERNOR NOMINATION FORM**

#### Before completing this form, please read the notes of guidance provided

|  |  |  |  |
| --- | --- | --- | --- |
|  | SURNAME &**FIRST NAME INITIALS**Mr / Mrs / Miss / Ms | ADDRESS | SIGNATURE |
| NOMINEE | **(BLOCK CAPITALS)** |  |  |
| PROPOSER | **(BLOCK CAPITALS)** |  |  |
| SECONDER | **(BLOCK CAPITALS)** |  |  |

**Declaration of Nominee:** I confirm that I have a child at the school, and am willing to serve if elected and am hereby nominated to stand for election.

I am willing to accept nomination and agree that if successful I will be subject to clearance through the DBS.

Signed ……………………………………………………………………

Date ………………………………………………………………………

THIS FORM MUST BE RETURNED TO THE HEADTEACHER/RETURNING OFFICER

###### BY 12 NOON ON THURSDAY 28TH MARCH 2019

**LATE NOMINATIONS WILL NOT BE ACCEPTED**