

Election of parent governor Samuel Ward Academy



Please enter in BLOCK LETTERS, the name and address of the person being nominated for election:

Name: _____

Address:

Signature of nominee: _____

Signature of proposer (if different to nominee): _____

Name and address of proposer (if different to nominee):

Personal Statement (maximum 250 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 articles of association.

Signature

Date

Completed nomination forms must be returned to the school for the attention of the Headteacher by Wednesday 16th May