ELECTION OF PARENT GOVERNOR/S AT

CHAUNCY SCHOOL

**NOMINATION FORM**

Your name ………………………………………………………………

(Mr/Mrs/Miss/Ms/Dr)

Address ………………………………………………………………

………………………………………………………………

………………………………………………………………

I have a child at the school and hereby nominate myself for election as a governor. I understand that if elected I will have to undergo a pre-appointment check. Biographical details (**150 words maximum**) for circulation with the voting paper are given below.

**Signature**  ………………………………………………………………

✄ - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Seconded\* by: …………………………………………………..

(Mr/Mrs/Miss/Ms/Dr)

Address ……………...……………………………………………

...…………………………………………………………

……………………………………………………………

.

Signature ……………………………………………………………

\*The seconder must be a parent of a pupil at the school.

**Biographical details (150 words maximum)**

Your completed nomination form must be returned to the school office by:

**Friday 5th February 2016 12 noon**

Date ………………………………………. Time ………………………