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**  ………………………………………………………………

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Seconded\* by: …………………………………………………..

 (Mr/Mrs/Miss/Ms/Dr)

Address ……………...……………………………………………

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 ……………………………………………………………

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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 ………………………