



## PARENT GOVERNOR NOMINATION FORM

Part 1:

Name of Candidate: \_\_\_\_\_

Address of Candidate: \_\_\_\_\_

\_\_\_\_\_

Tel. No: \_\_\_\_\_ Email address: \_\_\_\_\_

Child(ren)'s name(s) and class: \_\_\_\_\_

\_\_\_\_\_

Part 2:

Names and addresses of two parent sponsors:

**Sponsors must not be related to the nominee.**

Parent 1 Name: \_\_\_\_\_

Signature:

Address: \_\_\_\_\_

Child's name and class: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Signature:

Address: \_\_\_\_\_

Child's name and class: \_\_\_\_\_

Part 3:

I wish to nominate myself as parent governor. The names and signatures of two parent sponsors are given above.

Signature of candidate:

On the back of this form or in a separate letter the candidate should provide a short statement, saying something about themselves and why they would like to be considered for the position of parent governor. This statement should not be more than 100 words.

All documents should then be returned to [info@edwardpeake.beds.sch.uk](mailto:info@edwardpeake.beds.sch.uk) for the attention of the Chair of Governors.

Closing date for the receipt of nominations: **Friday 14 February 2025**