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 clerk@edwardpeake.beds.sch.uk for the attention of the Chair of Governors.

Closing date for the receipt of nominations: **Friday 27 November 2026**