



NOMINATION FORM FOR THE ELECTION OF A PARENT GOVERNOR

Name of the School:	
Name and Address of Candidate: <i>(parent nominated for election)</i>	
Parent of: <i>(Pupil's name)</i>	
Signature of Person nominated:	
Name and Address of Proposer:	
Parent of: <i>(Pupil's name)</i>	
Signature of Proposer:	
Candidate's consent to nomination	
I, <i>(name)</i>	
agree to being nominated as a candidate for election as a Parent Governor on the Local	
Governing Body of (add name of school).....	
Signature:	Date:
When completed, this form must be returned to the school.	

Nominated Candidate's Statement

Please state briefly why you wish to be a governor: (100 words maximum)

Please detail any skills and experience you have that you feel would support the work of the Local Governing Body: