ELECTION OF PARENT GOVERNOR/S AT LITTLEGREEN JUNIOR 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 DBS (Disclosure and Barring) check. Biographical details (**80 words maximum**) for circulation with the voting paper are given below.

Signature ………………………………………………………………

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Seconded\* by: …………………………………………………..

 (Mr/Mrs/Miss/Ms/Dr)

Address ………………………………………………………………

 ………………………………………………………………

 ………………………………………………………………

Signature ………………………………………………………………

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

Biographical details (80 words maximum)

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

Date: Friday 27h September Time: 9am