

St Charles Parent Governor Nomination Form

	SURNAME, INITIALS Mr/Mrs/Miss/Ms	ADDRESS	SIGNATURE
Nominee	(capitals)		
Proposer	(capitals)		
Seconder	(capitals)		

Declaration of Nominee: I am willing to accept nomination and confirm that I am not disqualified from becoming a Governor. Should I be elected and subsequently become disqualified I undertake to notify the clerk in writing.

Should I be elected I understand that information on my Governorship will be made available to the County Council for its use in providing support to school Governors.

Signed :

Date :

This form must be returned to the Headteacher/Returning Officer by Tuesday 6th June at noon. You may also attach basic biographical details to a maximum of 150 words.