

**NOMINATION FORM FOR PARENT GOVERNOR**



**SOUTH BERSTED CE PRIMARY SCHOOL**

(Mr/Mrs/Miss/Ms) \_\_\_\_\_ (full name)

of (full address) :

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(Telephone Number)

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Parent/Legal Guardian of:

\_\_\_\_\_ (child's name)

I wish to stand for election as a Parent Governor of the above school. The following two parents or legal guardians of children attending the school support my nomination (an email of support from each parent/carer listed below must be sent to [clerk@southbersted.co.uk](mailto:clerk@southbersted.co.uk) by 9.00am on Monday 4<sup>th</sup> October 2021):

Full Name

1. \_\_\_\_\_

2. \_\_\_\_\_

Brief election statement (up to 150 words):

Signature of Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return completed nomination form to the Clerk of the school to arrive not later than 9.00am on Monday 4<sup>th</sup> October 2021**