**Election of Parent Governors**

Please enter IN BLOCK LETTERS the name and address of the person being nominated for election:

Name:

Address:

Signature of person nominated:

Signature of proposer (if different to nominee):

Name and address in BLOCK letters of proposer (if different to nominee):

Personal Statement (maximum 250 words):

 I wish to submit my nomination for the election of parent governor.

I confirm (i) that I am willing to stand as a candidate for election as a parent governor and (ii) that I am not disqualified from holding office for any of the reasons set out in the School Governance (Constitution) (England) Regulations 2012.

Signature:

Date:

This form can be completed electronically or if you would prefer a hard copy please contact school. Please return completed forms by email to Miss G Bates, Returning Officer at [g.bates2@alderchs.uk](mailto:g.bates2@alderchs.uk).