



Crowland Primary School - Election of Parent Governor(s)

NOMINATION FORM

Name of Candidate..... Male Female

Address.....

.....

.....Post Code.....

Telephone (Day)..... (Eve).....

Name(s) and date(s) of birth of child(ren) attending the school:

.....DOB.....

.....DOB.....

.....DOB.....

Signature of Nominee.....

Name of Proposer.....

Name of Proposer's child attending the school

.....

Signed.....Date.....

Please tick (✓) each box to confirm that you agree with the statements given below.

- I confirm that I am a parent of a pupil registered at the school and hereby nominate myself for election as a parent governor of the school.
- I understand that if elected I may have to undergo a Disclosure and Barring Service (DBS) check. I have no objections to this.
- I understand that page 3 of this nomination form will be included in any voting paper.
- I confirm that I am not employed at the school for more than 500 hours in a school year.
- I confirm that I am not an elected member of the local authority.
- I confirm that if elected, I will attend appropriate training to support me in the role.

Please ensure that your completed nomination form is returned to the school by 12pm on Friday 3rd December 2021

