

NOMINATION FORM – PARENT GOVERNOR

SCHOOL: WEST KIRBY PRIMARY SCHOOL

PLEASE USE BLOCK CAPITALS EXCEPT FOR SIGNATURE

Name of Candidate _____

Address of Candidate _____

Name(s) & Year Group(s) of child(ren) in school _____

- I confirm that I am not disqualified under any of the grounds stipulated on the attached list.
- I hereby declare that I am prepared to offer myself as a candidate for election as parent governor on the Governing Body.

Signed: _____ Date: _____

Name of Proposer _____

Address of Proposer _____

Name(s) & Year Group(s) of Child(ren) in school _____

Signed: _____

Name of Second _____

Address of Second _____

Name(s) & Year Group(s) of Child(ren) in school _____

Signed: _____

Candidates are invited to prepare a short statement, in no more than 250 words, on their background and interests, which will be made available to everyone eligible to vote.

This form must be returned to school by 4.00 p.m. on Wednesday 11th May 2022. Please obtain a receipt for it.