

NOMINATION FOR PARENT GOVERNOR

To the Returning Officer at Olveston CE VC Primary School

We the undersigned, being the parents/guardians of children attending the school, wish to nominate:

Name

Address

.....

.....

Email

Tel

As a Parent Governor of the above named school.

Signed Proposer

Signed Seconder

Date

The person nominated should:

- (a) Sign this form in order to show their willingness to stand as a candidate, should an election be required, and to serve as a Governor.
- (b) If they wish it included on the voting paper, submit with this form a brief description of themselves. This description should not exceed 50 words and will be returned if it does.

Signed

Date