

Shepton Mallet Community Infants' School & Nursery



NOMINATION FORM FOR THE ELECTION OF PARENT GOVERNOR

Name of Nominee:

Address:

I wish to submit my nomination for the election of Parent Governor

Signed: _____

Name: _____

Date: _____

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 Regulations.

Signed: _____

Name: _____

Date: _____

Nominee to add some information about himself/herself to go out with the ballot papers.
(No more than 150 words).

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Completed nomination forms must be returned to the school.