

HELPRINGHAM PRIMARY SCHOOL

NOMINATION FORM FOR ELECTION OF PARENT GOVERNOR

Name of person nominated:

Address:

Telephone and Email Address:

I am the parent/carer of a child at the School and I am willing to serve as a Governor if elected. I understand the commitment involved and will endeavour to attend training to assist me in the role.

I have read the Declaration of Eligibility and can confirm that to the best of my knowledge am not disqualified from election as a governor.

Signature of nominee: _____ Date:

PERSONAL STATEMENT

(up to 250 words)

**PLEASE RETURN THIS COMPLETED FORM TO THE HEAD TEACHER BEFORE
4.00 P.M. ON WEDNESDAY 19TH DECEMBER 2018.**