



George Street Primary School
ELECTION OF PARENT GOVERNOR

NOMINATION FORM

Your name
(Mr/Mrs/Miss/Ms/Dr)

Address
.....

I have a child at the school and hereby nominate myself for election as a governor. I understand that if elected I will have to undergo an enhanced DBS check.

Biographical details (**160 words maximum**) for circulation with the ballot paper are given below.

Signature

Seconded* by: Name.....
(Mr/Mrs/Miss/Ms/Dr)

Address
.....
.....

Signature

*The seconder must be a parent of a pupil at the school.

Biographical details (160 words maximum)

Your completed nomination form must be returned to the school office by:
Date: Monday 4th November by 12 noon.