

SHERDLEY PRIMARY SCHOOL
NOMINATION FOR
SCHOOL PARENT GOVERNOR

NAME OF CANDIDATE:

NAME(S) of Child/Children in School and Year Groups:

NAME OF PROPOSER: _____

SIGNATURE _____ **DATE** _____

Please briefly explain your reasons for seeking election as a Governor of the School:

A person is disqualified from election or appointment as a Parent Governor if s/he is:

- a) an elected member of the Local Authority
- b) paid to work at the school for more than 500 hours in any twelve-month period commencing on 1st August and finishing on 31st July

SIGNED: _____

Please return to the school office by Friday 7 October 12 noon.

Thank you

