

**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 1<sup>st</sup> August and finishing on 31<sup>st</sup> July

**SIGNED:** \_\_\_\_\_

Please return to the school office by Thursday 8<sup>th</sup> February 12 noon. Thank you

