

NOMINATION FORM FOR PARENT GOVERNOR

Nomination Form for Parent governors

The Weald School

(Mr/Mrs/Miss/Ms) _____ (full name) of

(full address)

(Telephone Number)

(Home) _____ (Work) _____

Parent/Legal Guardian of

_____ (child's name)

I wish to stand for election as a Parent governor of the above school. The following two parents or legal guardians of children attending the school support my nomination:

Signature

Address

1. _____

(Name) _____

2. _____

(Name) _____

Brief election statement (up to 150 words):

Signature of Candidate: _____

Date: _____

Please return completed nomination form to clerk@theweald.org.uk or reception marked for Malcolm Robinson/Clerk to the Governors to arrive not later than 3pm on 6th November 2026.