

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 no later than 3.00pm on Tuesday 10 December 2024.