GOVERNING BODY OF CASTLEFORD PARK JUNIOR ACADEMY

ELECTION OF PARENT GOVERNOR NOMINATION FORM

Please return the completed form to the academy by **18 October 2017**.

I wish to serve as a Parent Governor and to be a candidate if an election is necessary.

I confirm that I am eligible to serve as an academy governor.

Full name (Forename/s) _____ (Surname) _____

Name of child/ren (including age & year group) _____

_____

Address_____

Telephone Number on which I can be contacted _____

Signed _____ Date _____

You are invited to provide a brief statement to support your nomination as a parent governor. If a ballot is required, this statement will be included on the ballot paper to help other parents decide who to vote for.

Your statement could include: details of work (paid or unpaid); interests, hobbies, voluntary work; and why you would like to be a Governor. This is just a guide, please feel free to structure your statement as you wish.

Please do not exceed 100 words. Statements containing more than 100 words will not be used.

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