

Ryecroft C. E. (C) Middle School

APPOINTMENT OF PARENT GOVERNOR – NOMINATION FORM

Name: _____

Address: _____

Telephone No. _____

Name of Child(ren) and Class: _____

Candidate Information:

Please state, **as briefly as possible**, the contribution you feel you could make to the governing body.

Signed: _____

Name of parent proposing the nomination: _____ (Print)

_____ (Sign)

Name of parent seconding the nomination: _____ (Print)

_____ (Sign)

Please return this form to the school office no later than Friday 3rd November 2017.