|  |  |  |  |
| --- | --- | --- | --- |
| Title (Mr.,Mrs.,Ms.,Miss.Dr.) |  | Full name |  |
| Address |
| House Number/ Name |  | Street Name |  |
| Town |  | Post Code |  |
| Email Address |  |
| Home Phone |  | Mobile |  |
| Child on roll |
| Parent / Guardian of |  | DOB |  | Year |  |
| Parent / Guardian of |  | DOB |  | Year |  |
| Parent / Guardian of |  | DOB |  | Year |  |
| Nomination |
| *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*: |
| Name | Signature | Address, including email address |
|  |  |  |
|  |  |  |
| Election Statement (You may extend your statement onto an additional page) |
|  |
| Signature of candidate |  | Date |  |
| This form must be returned to the school office or by email before 12pm on Friday 8th October 2021 Please return completed nomination form to **clerk@chesswood.w-sussex.sch.uk** |