

Streetsbrook Infant & Early Years Academy

Parent / Co-Opted Governor - Nomination Form, January 2018

Please indicate which role you are nominated for:

Parent Governor	
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Co-Opted Governor	
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CANDIDATE

Name of Candidate: (in full block capitals please)	
Parent Of:	
Class:	

PROPOSER

I propose(name) as a candidate for the governor elections at Streetsbrook Infant & Early Years Academy

Name of Proposer: (in full)..... Signed:

Parent of:Date:.....

SECONDER

I second the nomination of(name) as a candidate for the governor elections at Streetsbrook Infant & Early Years Academy.

Name of Secunder: (in full)..... Signed:

Parent of:Date:.....

Election Statement (not more that 100 words, in BLOCK CAPITALS please)

I accept nomination for election as a Governor

Name (in BLOCK CAPITALS PLEASE)

Signed:..... Date: