

Nomination Form

ELECTION OF PARENT GOVERNOR

PLEASE RETURN THIS FORM TO THE SCHOOL NAMED BELOW WITHIN TWO WEEKS OF THE DATE OF THE COVERING LETTER.

Name of the school: **Rowhill School**

Please enter IN BLOCK LETTERS your name and address. (You must be the parent/carer of a child registered at the school named in 1);

Name

Address

Signature of nominee

Parent /Carer of (Name of Child/ren)

Signature of proposer

Name and address

Parent /Carer of (Name of Child/ren)

Signature of seconder

Name and address

Parent /Carer of (Name of Child/ren)
