



Form to be returned to the school office by Tuesday 20th February 2018

NOMINATION FORM

Election for a parent governor for Sonning Common Primary School

Name: _____

Address: _____

Telephone: _____ **Email:** _____

Children in Year(s): _____

I am willing and eligible to stand for election as a parent governor at Sonning Common Primary School.

I confirm that I am able to fulfil the role including attending meetings as required and by contributing to governance work outside formal meetings.

(Please ensure that you have read the rules regarding the eligibility to become a governor which you should have received with this nomination form).

Full name: _____

Signed: _____

Date: _____

Personal Statement:

My background:

My reasons for wanting to become a governor:

What I can contribute to the work of the governors:

Full name: _____

Signed: _____

Date: _____