

Form PG/2

ELECTION OF PARENT GOVERNOR - HOLY TRINITY C. of E. ACADEMY, CALNE

NOMINEE: I, (names in full) _____

of (address) _____ Post Code _____.

wish to stand as a candidate in the election for parent governor(s) to serve on the governing body of the above named Academy.

I am a parent/guardian of the following pupil(s) who is/are registered at the Academy:-

Name	Date of Birth	Class/Form/Tutor Group

Signed _____ Date _____

PROPOSED BY: (full name) _____

Address _____

I am a parent/guardian of the following pupil(s) who is/are registered at the Academy:-

Name	Date of Birth	Class/Form/Tutor Group

Signed _____ Date: _____

SECONDED BY: (full name) _____

Address: _____

I am a parent/guardian of the following pupil(s) who is/are registered at the Academy:-

Name	Date of Birth	Class/Form/Tutor Group

Signed _____ Date _____

This form should be returned to the Clerk to the Governing Body, c/o the Office by 4th December 2019.