

**The Holt School**  
**FORM OF NOMINATION FOR ELECTION OF PARENT- GOVERNOR**

I .....  
(Name in block letters)

of .....  
(Address)

being a parent/guardian of .....  
(Name of student)

who is a registered student of the school do nominate

.....  
(Full name in block letters)

of .....  
(Address)

being parent/guardian of.....  
(Name of student)

who is also a registered student of the school.

Signed: ..... Dated: .....

**CONSENT OF CANDIDATE**

I .....  
(Full name in block letters)

am qualified to be a parent-governor of the school and consent to my nomination.

My occupation is: .....

Signed: ..... Dated: .....

***Please complete the Declaration Overleaf.***

***Note: A copy of the Rules of Election may be seen on the school website***

**PTO**

## **PARENT GOVERNOR ELECTIONS**

This sheet must be completed by the person nominated overleaf and returned to the Clerk to the Governors at The Holt School by 3pm on Friday 27<sup>th</sup> September 2019.

### **FULL NAME OF CANDIDATE**

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### **NAME AND YEAR OF ANY SON/DAUGHTER[S] ATTENDING THE HOLT SCHOOL**

<b>NAME[S]</b>	<b>YEAR</b>

Please supply a statement of no more than 50 words, giving details of relevant experience, occupation, etc. The returning officers reserve the right to edit the length if necessary.

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