

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 28th September 2018.

FULL NAME OF CANDIDATE

.....

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

NAME[S]	YEAR

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.

.....
.....
.....
.....
.....
.....