Ormiston Bolingbroke Academy parent governor nomination form

I wish to stand for election as a parent governor of the above academy.

I confirm that I am a parent/carer of a registered student at the above academy.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Signature |  | Date |  |

Your nomination requires a **proposer** and a **seconder**,who are also parents/carers of registered students at this academy.

They must not however be your spouse, partner, or members of your immediate family.

|  |  |
| --- | --- |
| Proposer’s name |  |
| Address |  |
| Signature |  | Date |  |

|  |  |
| --- | --- |
| Seconder’s name |  |
| Address |  |
| Signature |  | Date |  |

**Please return this form to the academy Reception by: Monday 15th January 2024.**

As nominee you may submit a personal statement (no more than 150 words) below containing information about yourself to be issued to parents with the ballot paper.

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*Continue overleaf if nec.*