

ELECTION OF PARENT GOVERNORS AT  
OAK VIEW SCHOOL  
**NOMINATION FORM**

Your name .....  
(Mr/Mrs/Miss/Ms/Dr)

Address .....  
.....  
.....

I have a child at the school and hereby nominate myself for election as a governor. I understand that if elected I will have to undergo a pre-appointment check. Biographical details (**80 words maximum**) for circulation with the voting paper are given below.

Signature .....

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Seconded\* by: .....  
(Mr/Mrs/Miss/Ms/Dr)

Address .....  
.....  
.....

Signature .....

\*The seconder must be a parent of a pupil at the school.

**Biographical details (80 words maximum)**

Your completed nomination form must be returned to the school office by:

Date: Friday 16<sup>th</sup> March 2018 Time: 3.30 pm