**De La Salle School**

**Nomination of Parent Governors**

Please enter in BLOCK LETTERS the name and address of the person being nominated for election:

|  |  |
| --- | --- |
| Name of Candidate: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Name(s) of child / children in school and year groups: |  |

|  |
| --- |
| Name and address in BLOCK LETTERS of proposer (if different to nominee): |
|  |

|  |  |
| --- | --- |
| Signature of proposer (if different to nominee): |  |

**Personal Statement (maximum 250 words)**

|  |
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|  |

I wish to submit my nomination for the election of parent governor.

I confirm (i) that I am willing to stand as a candidate for election as a parent governor and (ii) that I am not disqualified from holding office for any of the reasons set out in the School Governance (Constitution) (England) Regulations 2017.

|  |  |
| --- | --- |
| Candidate Signature: |  |
| Date: |  |

Completed nomination forms must be returned to the school by **Friday 23rd September 2022**