

LIVERPOOL COLLEGE PARENT GOVERNOR ELECTION: NOMINATION FORM

This form should be returned to the Clerk to the Governors by 16.00 on 30 September 2021

|  |  |  |  |
| --- | --- | --- | --- |
| I wish to serve as Parent Governor and to be a candidate if an election is necessary. | | | |
| FULL NAME  (*TITLE, FORENAME & SURNAME)*  *BLOCK CAPITALS PLEASE* | ADDRESS | SIGNATURE AND DATE | NAME OF CHILD  *(with CLASS, YEAR GROUP OR TUTOR GROUP)* |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| These parents of children currently attending the school support my nomination. | | | |
| FULL NAME  (*TITLE, FORENAME & SURNAME)*  *BLOCK CAPITALS PLEASE* | ADDRESS | SIGNATURE AND DATE | NAME OF CHILD |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Please use this space for a brief (100 words maximum) personal statement to support your nomination. This statement, typed in a standard format, with your name, will be circulated to parents if there is a contested election. |