

# ASHCHURCH PRIMARY SCHOOL

## Election of Parent Governors

Name: .....

Address: .....

Please tick ✓

<input type="checkbox"/>	I declare that I have a child on roll at the school and am eligible and willing to serve as a parent governor.
<input type="checkbox"/>	I declare that I have read and understood the disqualification criteria.
<input type="checkbox"/>	I understand that the post requires me to hold a DBS certificate.

Signature: .....

Nominated by \* .....(Signature, name in capitals and address.)

Candidate's statement for inclusion on ballot paper:

Completed form must be returned to school by:

(Time) 12 noon

(Date) Friday 17<sup>th</sup> November 2017

\*Self-nomination is acceptable.