

NOMINATION FORM

Election of a parent to the school governing body
Awsworth Primary and Nursery School



<u>NOMINEE</u>	
Full name of nominee (BLOCK CAPITALS)	Title: (Mr/Mrs/Miss/Ms/Dr/other)
Address/Postcode	
Parent of:	Tutor group:
I confirm that I am eligible to be a school parent governor, as described in the parent governor vacancy letter to parents dated <i>[insert date]</i> .	
Signature	Date:
In the event of a ballot, please indicate if you wish your address to be shown on the ballot form YES/NO	
<u>PROPOSER 1</u>	
Full name of proposer (BLOCK CAPITALS)	Title: (Mr/Mrs/Miss/Ms/Dr/other)
Address/Postcode	
Parent of:	Tutor group:
I confirm that I am a parent of a child at Awsworth Primary School.	
Signature	Date:
<u>PROPOSER 2</u>	
Full name of proposer (BLOCK CAPITALS)	Title: (Mr/Mrs/Miss/Ms/Dr/other)
Address/Postcode	
Parent of:	Tutor group:
I confirm that I am a parent of a child at the Awsworth Primary School.	
Signature	Date:
If you wish, please enter brief personal details (no more than 80 words)	

THIS FORM MUST BE RETURNED TO THE MAIN OFFICE AT SCHOOL BY FRIDAY, 1st DECEMBER 2023
(10:00PM)