



NOMINATION FORM FOR THE ELECTION OF PARENT GOVERNOR (THORNHILL REPRESENTATIVE)

ARLECDON AND THORNHILL LOCAL GOVERNING BOARD

Title:	
Forename:	
Surname:	
Address:	
Parent/Carer of:	

I wish to stand for election as a Parent Governor at Arlecdon and Thornhill Local Governing Board. The following parent/carer of a child/children attending the school supports my nomination:

	Name and Signature	Address
Supported By		
Parent/Carer of:		

I wish to submit my nomination for the election of Parent Governor.

I confirm that I am willing to stand as a candidate for Parent Governor and that I am not disqualified from holding office.

Signed:	Dated:
----------------	---------------

***Please return the completed nomination form to Linsey Martin
martinl@onecumbria.education no later than 4 pm on
Wednesday 1st February 2023***