



Parent Governor Nomination

Name of parent/carer:

Name of student & tutor group:

Telephone:

E-mail:

I confirm that I wish to stand as a candidate for election as a parent governor and that I am not disqualified from holding office for any of the reasons stated in the eligibility criteria provided by the College.

Signature:

Date:

Please also include a short statement about yourself (a **maximum of 75 words**). This information will be circulated to all parents/carers in the event that an election is required.

Please return completed nomination forms to Charlotte Bowen bowenc@colchsfc.ac.uk ,
no later than midday **Monday 21 October 2024**.