THE CORPORATION OF THE SIXTH FORM COLLEGE COLCHESTER



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 ar not disqualified from holding office for any of the reasons stated in the eligibility criteria provided by the College.	n
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	d.

