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| NOMINATION FORM **Election for a parent governor forWallingford School** | |
| **Please complete and return the nomination form to Bee Hibbin**  **by 1pm on Monday 30 November 2015** | |
| Nomination Name |  |
| Address |  |
| Contact telephone |  |
| Contact email |  |
| Student name/s |  |
| Form group/s |  |
| *Pen profile -* about you and why you would like to be a governor for inclusion with the ballot papers (200 words maximum, please continue overleaf if needed) | |
| **I** **am willing and eligible to stand for election as a** **parent governor at Wallingford School.** *(Please ensure that you have read the rules regarding the eligibility to become a governor which you have received with this nomination form).* | |
| Name |  |
| Signature |  |
| Date |  |
| **Please complete and return the nomination form by 1pm on Monday 30 November 2015**  *Return to Bee Hibbin, Clerk to the Governors, Wallingford School, St George’s Road, Wallingford, Oxfordshire, OX10 8HH.* [*bee@wallingfordschool.com*](mailto:bee@wallingfordschool.com) *Or return to the school office* | |