Ormiston Shelfield Community Academy

Parent governor nomination form

I wish to stand for election as a parent governor of the above academy.

I confirm that I am a parent/carer of a registered student at the above academy.

| Name | |
|---|--|
| Address | |
| Signature | Date |
| Your nomination requires a proposer and They must not however be your spouse, p | a seconder. artner, or members of your immediate family. |
| Proposer's name | |
| Address | |
| Signature | Date |
| | |
| Seconder's name | |
| Address | |
| Signature | Date |
| Please return this form to the Clerk to the | Governors (I.holdcroft@scacademy.co.uk) by: |
| 12.00pm on Friday 25 th October 2024 | |
| Please submit a statement stating why you would like to be a governor (no more than 150 words). | |
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| Continue overleaf if necessary. | |