

**ST JOHN PLESSINGTON
CATHOLIC COLLEGE**

NOMINATION FORM – PARENT GOVERNOR ON GOVERNING BODY

Name of Candidate _____

Address of Candidate _____

Class(es) of Child(ren) in College _____

I hereby declare that I am prepared to offer myself as a candidate for election as Parent Governor on the Governing Body of St John Plessington Catholic College. I declare that I am not disqualified on any of the grounds mentioned in the attached Qualifications and Disqualifications – Constitution of the Governing Body.

Signature _____ Date _____

Name of Proposer _____

Address of Proposer _____

Name(s) & Year Group(s) of Child(ren) in SJP :

Signature _____

Name of Seconder _____

Address of Seconder _____

Name(s) & Year Group(s) of Child(ren) in SJP :

Signature _____

This form must be returned to Helen Caul, Clerk to the Governors by end of school day on Friday, 26th June 2015