# Long Ridings Primary School

**NOMINATION FORM FOR THE ELECTION OF PARENT GOVERNOR**

**Name of Nominee:**

**Address:**

I wish to submit my nomination for the election of Parent/Staff Governor

**Signed:** _____

**Name:** _____

**Date:** _____

I confirm (i) that I am willing to stand as a candidate for election as a parent/staff governor and (ii) that I am not disqualified from holding office for any of the reasons set out in the School Governance Regulations.

**Signed**: _____

**Name:** _____

**Date:** _____

The nominee may set out overleaf information about him/herself to go out with the ballot papers. (No more than 150 words).

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**Completed nomination forms must be returned to the school by Noon Tuesday 14th April 2015**