

**NOMINATION FORM FOR ELECTION OF PARENT GOVERNORS  
LAVANT C. E. PRIMARY SCHOOL**

(Mr/Mrs/Miss) .....(full name)

(Full address) .....  
.....

(Telephone) .....(home) .....(work) .....(mobile)

Parent/legal guardian of .....Print child's name)

*I wish to stand for election as a Parent Governor of the above school. The following two parents or legal guardians of children attending the school support my nomination.*

1: Name ..... Signed .....

Address .....  
.....

2: Name ..... Signed .....

Address .....  
.....

Brief election statement:

Signature of candidate: .....

Date: .....

**Please return completed nomination form to school no later than Monday 17th September 2018**