Election for a Parent Governor for Castle Camps C of E (VC) Primary School

Name:

Child(ren) in Year(s):

Why I would like to be a parent governor:
(please provide a brief statement of no more than 200 words continuing on a separate sheet if necessary)

I am willing and eligible to stand for election as a Parent Governor at Castle Camps C of E (VC) Primary School

Name of Candidate:

Signature:

Date: