

NOMINATION FORM

Election of a parent to the school governing body

The Ripley Academy

<u>NOMINEE</u>	
Full name of nominee (BLOCK CAPITALS)	Title: (Mr/Mrs/Miss/Ms/Dr/other)
Address/Postcode	
Parent of:	Tutor group:
I confirm that I am eligible to be a school parent governor, as described in the parent governor vacancy letter to parents dated 2 October 2020.	
Signature	Date:
In the event of a ballot, please indicate if you wish your address to be shown on the ballot form YES/NO	
<u>PROPOSER 1</u>	
Full name of proposer (BLOCK CAPITALS)	Title: (Mr/Mrs/Miss/Ms/Dr/other)
Address/Postcode	
Parent of:	Tutor group:
I confirm that I am a parent of a child at The Ripley Academy.	
Signature	Date:
<u>PROPOSER 2</u>	
Full name of proposer (BLOCK CAPITALS)	Title: (Mr/Mrs/Miss/Ms/Dr/other)
Address/Postcode	
Parent of:	Tutor group:
I confirm that I am a parent of a child at The Ripley Academy.	
Signature	Date:
If you wish, please enter brief personal details (no more than 80 words)	