signed:



NOMINATION FORM FOR THE ELECTION OF A PARENT GOVERNOR

I wish to star	nd for election as a Parent Gove	ernor of Alcester Academy	
I confirm tha	t I am a parent/carer of a regist	tered pupil currently at this school.	
please print y	your name:		
address:			
			
signed:		date:	
		a Seconder, who are also parents/carers of reg ur spouse, partner or members of your immedi	
Proposer:	please print your name:		
	address:		
	signed:		
Seconder:	please print your name:		
	address:		

Please return this form to the Academy Office by 3.25pm on Friday 4th April 2014 or email it to lyndseykirby@alcesteracademy.org.uk