**RANGE HIGH SCHOOL**

**PARENT GOVERNOR NOMINATION FORM**

Before completing this form, please read the

General Information provided

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SURNAME****FORENAME****Mr / Mrs / Miss / Ms / Dr / Other (please specify** | **ADDRESS****(including Telephone Number)** | **SIGNATURE** | **Please enter your child(ren)’s name(s) and Tutor Groups** | **Do you work for a Local Authority (including working in a maintained school) – if Yes please give details** |
|  | (Capitals) |  |  |  |

**E-mail Address:**

Declaration of Nominee: I agree that if successful my appointment will be subject to clearance through the Disclosure and Barring Service.

 **Signed:**

 **Date:**

**THIS FORM MUST BE RETURNED TO THE HEADTEACHER/RETURNING OFFICER**

 **BY 12.00 NOON ON MONDAY 23 SEPTEMBER 2024 **

 **PLEASE NOTE THAT LATE NOMINATIONS CANNOT BE ACCEPTED**