



PARENT GOVERNOR ELECTION FORM

Full Name
Address
Contact Telephone Number
Parent/Legal Guardian of (Child' name)
<p>I wish to stand for election as a Parent Governor of Robertsbridge Community College. The following two parents or legal guardians of children attending the school support my nomination:</p> <p>Parent 1 Name: Address:</p> <p>Parent 2 Name: Address:</p>
Election Statement (no more than 100 words)
<p align="center">PLEASE RETURN TO COLLEGE OFFICE BY 3PM ON FRIDAY 17TH NOVEMBER 2017</p>