

Parent Governor Nomination Form: THE AXHOLME ACADEMY

Name and full address of Parent nominated:

Contact telephone number:

Signature of person nominated:

Name and address of Proposer:

Name and address of Seconder:

Signature of Proposer:

Signature of Seconder:

Nomination Details

Briefly state why you wish to be a Governor:

Please detail any skills and/or experience you have that you could bring to the role of Governor:

Please complete this form and return to The Axholme Academy or email to aharkin@theaxholmeacademy