

## PARENT GOVERNOR: APPLICATION FORM

Candidate name:	
Candidate address:	
Candidate statement:	

I confirm that I am a parent or carer of a registered pupil at the school/at one of the schools in the academy trust.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to the School Office in a sealed envelope clearly marked **Parent Governor Elections (c/o Tori Large)** or email to: [vlarge@arden.solihull.sch.uk](mailto:vlarge@arden.solihull.sch.uk)

