



Election for parent members to the ESF Board of Governors 2025

Nomination Form

(Category 2)

Parent of a student with special educational needs of a primary, secondary or all-through school

I wish to nominate _____ (*insert name of candidate in block capitals*),
parent of _____ (*insert name of student in block capitals*),
at _____ (*insert name of school in block capitals*).

Proposer:

Name of Proposer in block capitals

Parent of (*insert name of child*) _____

at (*insert name of school*) _____

Signature

Dated: _____



Seconder:

Name of Seconder in block capitals

Parent of (*insert name of child*) _____

at (*insert name of school*) _____

Signature

Dated: _____

Declaration by candidate:

I confirm that:

- i) I am willing to stand as a candidate for the ESF Board of Governors.
- ii) I am a parent of a child with special educational needs attending an ESF School.

(*Insert name of child*) _____

(*Insert name of school attended by child*) _____

- iii) I am not an employee (nor do I have a spouse who is an employee) of the English Schools Foundation.
- iv) I have elected **to enclose/not to enclose** (*delete as appropriate*) a copy of my personal statement.

Name of candidate in block capitals

(Signed)

Dated: _____