OUTWOOD PRIMARY ACADEMY PARK HILL NOMINATION PAPER FOR THE ELECTION OF A PARENT/CARER MEMBER OF THE ACADEMY COUNCIL

Please complete Sections 1, 2 and 3 in BLOCK CAPITALS

Name of Nominee (in full) (Mr/Mrs/Ms) Home Address:	(BLOCK LETTERS)
Post Code:	Telephone No:
Name(s) of Student(s) (in full):	Date of Birth of Student(s):
Name of Proposer (in full) (Mr/Mrs/Ms):	Name of Student (in full):
Name of Seconder (in full) (Mr/Mrs/Ms):	Name of Student (in full):
NOTES: I The Returning Officer shall be an Officer from The nomination of a parent/carer must be expractice for the election of Parent/Carer Medical Processing Section 1.	xercised in accordance with the regulations in the Code o
The Nomination Paper must be completed in	n full and returned to Mrs A Million at the Academy
A nomination must include the names of the the nomination form.	e nominee, proposer and seconder, all of whom must sign
is to be disqualified from holding or continuir Academy. Should you wish to clarify your p	s prescribe the circumstances and cases in which a persoring to hold office as a Member of an Academy Council of an osition before submitting your nomination, please contact Hartley on email address g.hartley@belllane.outwood.com
	submit a statement, of not more than 200 words, uld be submitted with your nomination form.
Signature of Nominee: (in acceptance of the nomination) Signature of Proposer:	

DATE RECEIVED IN ACADEMY: