



Nomination form for the Election of Parent SAB member Maiden Erlegh School in Reading

Please complete and return this form to Beth Poole, Clerk to the SAB by **3:00pm on Friday 19 September** at b.poole@maidenerleghtrust.org.

Details of Proposed SAB member:

I, Mr/Mrs/Miss/Ms _____ (full name) of

_____ (full address)

parent of _____, who is a registered pupil of the school, wish to nominate myself for the role of parent member of the School Advisory Board at Maiden Erlegh School in Reading.

Signed _____ Date _____

Personal Statement:

I, _____ (full name) am qualified to be a parent member of the School Advisory Board of Maiden Erlegh School in Reading.

Please supply a brief statement (maximum 150 words) giving details of relevant experience, occupation etc. This information will be circulated to all parents in the event of a contested election

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