**The Avenue Special Needs Academy**

**Application for role of parent governor**

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| --- | --- |
| **Candidate name:** |  |
| **Candidate address:** |  |
| **Candidate statement:** | In this section, outline:* Why you consider that you are the right person for this role
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I confirm that I am a parent or carer of a registered pupil at The Avenue Special Needs Academy

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