**NOMINATION FOR THE ROLE OF ACADEMY PARENT AMBASSADOR**

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| --- | --- |
| Name |  |
| Academy |  |
| Name and group of child in the Academy  *(only include the eldest if you have more than one)* |  |
| Date of Birth *(for child named above)* |  |
| Address |  |
| Email |  |
| Mobile number |  |
| Please write a short statement that can be circulated as part of the election detailing (in no more than 250 words):   * Why you would like to be an APA. * The skills you will bring to the role. * How you would work with the Principal to support ongoing improvements in the Academy. | |
|  | |
| I wish to put my name forward for election as an Academy Parent Ambassador.  I have read and understood what the role entails.  In submitting this form, I give permission for my name and supporting statement to be shared among the parent body for the purposes of the election. | |
| Signed |  |
| Date |  |