**Parent Governor Application Form**

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| **School Name:** | **Dobcroft Junior School** |
| **Date:** |  |
| Name: |  |
| Address: |  |
| Email Address: |  |
| Phone Number: |  |
| Child’s Name: |  |
| Class/Year: |  |

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| **Qualifications and Experience:** Please outline any relevant experience, skills, or qualifications that would support your application as a parent governor: |
|  |
| **Why do you want to be a parent governor?** |
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**Declaration:**  
I declare that the information provided is correct to the best of my knowledge. I understand the responsibilities involved in being a school governor.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***Please return the form to the School Office by Friday 18th July 2025, either in person, by post (DJS, Pingle Road, Sheffield S7 2LN), or by email (enquiries@dobcroft-jun.sheffield.sch.uk)***