



POCKLINGTON SCHOOL

Registration of Interest in becoming a Governor of Pocklington School

Name:		Connection with Pocklington School: (parent, former pupil, etc)
Address:		
Telephone:	Email:	
Please give any relevant information in connection with this registration (reason for interest, areas of contribution, etc):		
Educational/professional qualifications:		
Occupation; other relevant experience:		

Signature:

Date:

*Please return the completed form to the Chairman of Governors at the school,
marking your envelope CONFIDENTIAL.*

Thank you for registering your interest.