

GOVERNING BOARD INFORMATION REQUEST FORM

Email completed form to: schoolgovernors@chichester.anglican.org

SCHOOL	
CONTACT EMAIL	
DATE	

CLERK DETAILS	
NAME	
EMAIL	
DATE OF	
APPOINTMENT	

CHAIR DETAILS		O-CHAIR (If pplicable)	
NAME	Ν	IAME	
EMAIL	E	MAIL	
DATE OF	D	DATE OF	
ELECTION	E	LECTION	

CURRENT FOUNDATION GOVERNORS				
NAME	NAME			
EMAIL	EMAIL			
DATES OF OFFICE	DATES OF OFFICE			
NAME	NAME			
EMAIL	EMAIL			
DATES OF OFFICE	DATES OF OFFICE			
ΝΑΜΕ	NAME			
EMAIL	EMAIL			
DATES OF OFFICE	DATES OF OFFICE			
NAME	NAME			
EMAIL	EMAIL			
DATES OF OFFICE	DATES OF OFFICE			

FOUNDATION GOVENORS RESIGNATIONS (Previous 12 months)				
NAME	NAME			
DATE EFFECTIVE	DATE EF	FECTIVE		
FROM	FROM			
TOTAL YEARS AS	TOTAL Y	EARS AS		
A FOUNDATION	A FOUNI	DATION		
GOVERNOR	GOVERN	OR		