

THE BULWELL ACADEMY

Parent/Carer

Expression of Interest

to join the Parents Advisory Group

Closing Date Monday 2 March 2020



Parent/Carer Contact Details

Title (Mr/Mrs/Ms/Dr)	First Name	Surname
Home Phone		
Mobile		
Email		

Name/s of Child/ren attending THE BULWELL ACADEMY

First Name	Surname	Year Group

Please state below why you would like to join the Parents Advisory Group.

Please provide a summary of your skills and experience that may support your application, along with any ideas you may wish to discuss if you are offered a place on the PAG. *Please continue on a separate page if necessary.*

Signed:

Date:

Parent/Carers will be notified of the Principal's decision by Friday 6 March 2020