

FORM 1-12SE

CHICAGO PUBLIC SCHOOLS – LOCAL SCHOOL COUNCIL ELECTION 2012

CANDIDATE NOMINATION FORM

Important Note: This form and its accompanying documents must be submitted to the main office of the school in which the candidate is running or to the Office of Local School Council Relations by **3:00 p.m., May 9, 2012**
MAILED OR FAXED FORMS WILL NOT BE ACCEPTED. (Please print all information)

School Name: _____ Unit #: _____ Network: _____

Local School Council Candidate Type: Parent / Legal Guardian; Community Resident; Teacher Non-Teacher Staff;
 student; Advocate; Other(list Title) _____

Candidate Name: _____
Last Name First Name Middle Name or Initial

Home Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Email: _____

NOTE: Under state law, the names and addresses of Local School Council members are matters of public record. A Community Candidate by signing below certifies that he/she has verified residing within the attendance area or voting boundary of this school.

This section is only to be completed by candidates for the position of Parent Representative:

How many of your children attend this school? _____ Name of one of your children: _____
Child's Birth Date: _____ Grade: _____ Room Number or Division Number: _____

IDENTIFICATION SUBMITTED

Indicate which two (2) of the following identification items were presented, photocopied, and attached to this form.

- Driver's License
- Current Lease
- DPA Card
- Library Card
- Court Documents
- Employer ID
- Student ID
- Credit Card
- Matricula Consular
- State of Illinois ID
- Current Utility Bill
- Voter Registration Card
- Permanent Resident Card
- Alpha list of Parents, Guardians
- Student's Birth Certificate
- MediPlan/Medicaid Card
- Other Current Governmental Agency ID _____

List the type of identification and the ID numbers for two (2) of the above if a photocopy machine is not available.

1. _____ 2. _____

ECONOMIC INTERESTS

If elected, candidates MUST submit the required Statement of Economic Interests within seven days of taking office.

Are you related to the principal? ___ Yes ___ No If YES, you CANNOT serve on this LSC.

Do you, your spouse or relatives, or your company do any business with the Board of Education, the school or the LSC where you are running? ___ Yes ___ No If YES, explain: _____

I verify that the information contained in this Candidate Nomination Form is true and accurate to the best of my knowledge and belief. If selected to serve on a LSC the member must be fingerprinted and take 3 days of training.

Candidate's Signature: _____ Date: _____

Deputy Registrar (if applicable): _____ Date: _____

Received by (school): _____ Date: _____ Time: _____

----- TEAR ALONG THIS LINE -----

NOMINATION FORM RECEIPT

Nomination Form received by: _____ Date: _____ Time: _____

School Name: _____ Candidate's Name: _____

School Address: _____ Unit #: _____ Area: _____ Cluster: _____

____ Nomination Forms Complete _____ Nomination Forms Incomplete (Check Missing Forms Below)

FORM NAME	FORM NUMBER	RECEIVED		FORM NAME	FORM NUMBER	RECEIVED	
		YES	NO			YES	NO
Evidence Eligibility (2 forms of ID)				Teacher, Non- Teacher Staff Candidate Information	13-12		
Candidate Nomination	01-12			Student Candidate Information	14-12		
Candidate Statement	02-12			Telephone Number Disclosure	25-12		
Criminal Conviction Disclosure	10-12						

Under the School Reform Act, the names and addresses of Local School Council Members are matters of public record.