**ALSC/BOG Candidate Nomination Form**

This form and its accompanying documents must be filed in the school in which the candidate is running by 3:00 p.m., February 26, 2014, or in the Office of Local School Council Relations by 3:00 p.m., February 19, 2014. MAILED, E-MAILED or FAXED FORMS WILL NOT BE ACCEPTED. (Please print all information)

**School Name:**

**Unit #:**

**Network:**

**Candidate Type:**
- □ Parent/Legal Guardian;
- □ Community Resident;
- □ Teacher;
- □ JROTC Instructor;
- □ Advocate;
- □ Educational Expert;
- □ Student;

**Candidate Name:**

**Last Name**

**First Name**

**Middle Name or Initial**

**Home Address:**

**City:**

**State:**

**Zip Code:**

**Date of Birth:**

**E-mail:**

**NOTE:** Under state law, the names and addresses of Local School Council members are matters of public record.

**THIS SECTION TO BE COMPLETED BY CANDIDATES FOR PARENT REPRESENTATIVE:**

**Name of one child who attends this school:**

**Grade:**

**IDENTIFICATION SUBMITTED**

Indicate which two (2) of the following Identification Items were presented, photocopied, and attached to this form:

- □ Driver’s License
- □ Employer ID
- □ Social Security Card
- □ Alpha list of Parents, Guardians
- □ Current Lease
- □ Student ID
- □ Current Utility Bill
- □ Student’s Birth Certificate
- □ dPA Card
- □ Credit Card
- □ Voter Registration Card
- □ MediPlan/Medicaid Card
- □ Library Card
- □ Matricula Consular
- □ Permanent Resident Card
- □ Other Current 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.

**DISCLOSURE OF ECONOMIC INTERESTS**

If elected or appointed, candidates MUST submit a complete Statement of Economic Interests within 7 days of taking office.

1. 

2. 

Are you related to the principal?  ____ Yes  ____ No  

If YES, you CANNOT serve on this LSC.

Do you, your spouse, relatives or your company do any business with the Board of Education, the school or the ALSC/BOG where you are running?  ____ Yes  ____ No  

If YES, explain:

**STATEMENT OF VERIFICATION AND ACKNOWLEDGEMENT**

I verify that the information contained in this Candidate Nomination Form and all related Candidate Forms is true and correct to the best of my knowledge and belief.

I acknowledge that: I must complete and submit a Criminal Conviction Disclosure Form (2-14) or be subject to disqualification from appointment to an ALSC/BOG; if appointed, I must clear a fingerprint-based Criminal Background Investigation and must have completed eighteen (18) hours of training within six (6) months of initial appointment; I will be subject to removal from office for noncompliance with the referenced requirements.

**Candidate’s Signature:**

**Date:**

**TEAR ALONG THIS LINE**

**NOMINATION FORM RECEIPT**

Received by: (At school):

Date:  _______________  Time:  _______________  

or by Deputy Registrar (if applicable):

Date:  _______________  Time:  _______________

**School Name:**

**Candidate’s Name:**

**School Address:**

**Unit #:**

**Network:**

**Nomination Forms Complete**

**Nomination Forms Incomplete**

(Write Missing Forms Below)

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<thead>
<tr>
<th>FORM NAME</th>
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<th>RECEIVED</th>
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<tbody>
<tr>
<td>Two (2) Forms of Identification</td>
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<td>Candidate Statement</td>
<td>4-14</td>
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<td>Candidate Nomination</td>
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<td>Teacher/JROTC Instructor</td>
<td>5-14</td>
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<td>Criminal Conviction Disclosure</td>
<td>2-14</td>
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<td>Candidate Information</td>
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<td>Student Candidate Information</td>
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