IF YOU DO NOT HAVE A TELEPHONE, PLEASE LIST THE PHONE NUMBER OF A NEIGHBOR, RELATIVE OR FRIEND WHO WILL ACCEPT IMPORTANT MESSAGES FOR YOU AND BE SURE TO RELAY THE MESSAGE TO YOU.

YOUR TELEPHONE INFORMATION WILL BE USED ONLY BY THE BOARD OF EDUCATION AND WILL NOT BE DISCLOSED TO THE PUBLIC.

PURSUANT TO THE ILLINOIS SCHOOL CODE, LSC MEMBERS' NAMES AND ADDRESSES ARE AVAILABLE TO THE PUBLIC.

PLEASE PRINT ALL INFORMATION

__________________________  __________________________
School Name                        Date

Candidate Type:  □ Parent/Legal Guardian; □ Community Resident; □ Teacher; □ JROTC Instructor;

       □ Advocate;       □ Educational Expert;       □ Student;

Teacher and JROTC Instructor Candidates, please provide:

CPS Employee ID Number: _______________________
Note: The name used must match the name associated with the Employee ID.

All Candidates must answer the following questions:

1. Have you served on an LSC in the past?  Yes ___ No ___

2. If "Yes," what was the first year you served on an LSC?  19__

3. Have you taken all six (6) of the mandatory LSC lessons?  Yes ___ No ___

4. If "No," will you complete the lessons by January 1, 2015 if appointed? ___ Yes; ___ No

__________________________  __________________________
First Name                        Last Name

__________________________  __________________________
Home Address                     City                        Zip Code

__________________________  __________________________
E-mail Address                   Home Phone Number

__________________________  __________________________
Cellular Phone Number            Work Phone Number