School Name: __________________________ Unit #: _______ Network: ________

Candidate Type: ☐ Parent/Legal Guardian; ☐ Community Resident; ☐ Teacher; ☐ Non-Teacher Staff; ☐ 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.

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 LSC 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 (Form 2-14) or be subject to disqualification from election or appointment to an LSC; if elected or appointed, I must clear a fingerprint-based Criminal Background Investigation and must have completed eighteen (18) hours of training within six (6) months of my initial election or 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 (Check Missing Forms Below) __________