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;  □ Non-Teacher Staff;  □ Student

Teacher and Non-teacher Staff 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 elected/appointed?  ___Yes;  ___No

___________________________________________  ___________________________
First Name                                      Last Name

___________________________________________  ___________________________
Home Address                                    City                                Zip Code

___________________________________________
E-mail Address

___________________________________________
Cellular Phone Number

___________________________________________
Home Phone Number

___________________________________________
Work Phone Number