Chicago Public Schools – 2016 ALSC/BOG Candidate Advisory Polls and Recommendations Process

Form 1-16
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., March 4, 2016 or in the Office of Local School Council Relations by 3:00 p.m., February 19, 2016.

MAILED, E-MAILED, FAXED or COPIED FORMS WILL NOT BE ACCEPTED. (Please print all information)

School Name: ____________________________ Unit #: ____________________________ Network: ____________________________

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

Home Address: ___________________________________ City: __________________________ State: _____ Zip Code: ____________

Date of Birth: ____________

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
- IDPA 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 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 (2-16) 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 sixteen (16) 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  [Check Missing Forms Below]

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<td>Two (2) Forms of Identification</td>
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<td>Candidate Statement</td>
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<td>Candidate Nomination</td>
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