School Name: _____________________________ Network: _____________________________

Candidate Type:  □ Parent/Legal Guardian;  □ Community Resident;  □ Teacher;  □ Non-Teacher Staff;  □ Student

Candidate Name: _____________________________

Home Address: _____________________________ City: _____________________________ State: _____ Zip Code: ________

Date of Birth: _____________________________ E-mail: _____________________________

**NOTES: Community member candidates must provide proof of current residency within the school’s attendance area or voting district. 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.

1. □ Driver’s License  □ Employer ID  □ Social Security Card  □ Alpha list of Parents, Guardians
2. □ Current Lease  □ Student ID  □ Current Utility Bill  □ Student’s Birth Certificate
3. □ IDPA Card  □ Credit Card  □ Voter Registration Card  □ MediPlan/Medicaid Card
4. □ 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: ______________________________________

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 2-16) 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 complete sixteen (16) hours of training within six (6) months of taking office; I will be subject to removal from office for noncompliance with the referenced requirements.

Candidate’s Signature: _____________________________ Date: _____________________________

**TEAR ALONG THIS LINE**

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**NOMINATION FORM RECEIVED**

Received by: (At school): _____________________________ Date: ____________ Time: ____________
or by Deputy Registrar (if applicable): _____________________________ Date: ____________ Time: ____________

School Name: _____________________________ Candidate’s Name: _____________________________

School Address: _____________________________ Unit #: ________ Network: _____________________________

Were Two Forms of Identification Provided?  ___ Yes;  ___ No.

____ Nomination Forms Complete  ______ Nomination Forms Incomplete (Check Missing Forms Below)

<table>
<thead>
<tr>
<th>FORM NAME</th>
<th>FORM NUMBER</th>
<th>RECEIVED</th>
<th>YES</th>
<th>NO</th>
</tr>
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<tr>
<td>Candidate Nomination</td>
<td>1-16</td>
<td>Candidate Statement</td>
<td></td>
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<tr>
<td>Criminal Conviction Disclosure</td>
<td>2-16</td>
<td>Teacher/Non-teacher Staff Candidate Information</td>
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<tr>
<td>Telephone Number Disclosure</td>
<td>3-16</td>
<td>Student Candidate Information</td>
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