School Name: ____________________________ Unit#: _______ 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: ____________________________

NOTE: 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.

☐ 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 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 2-20) 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

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: _______
Were Two Forms of Identification Provided? Yes No
Nomination Forms Complete ____________ Nomination Forms Incomplete ____________

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