CHICAGO PUBLIC SCHOOLS – 2020 LOCAL SCHOOL COUNCIL ELECTION
FORM 3-20
LSC CANDIDATE
TELEPHONE NUMBER DISCLOSURE FORM
This form must be filed in the school in which the candidate is running by 3:00 p.m., March 5, 2020 or in the Office of Local School Council Relations by 3:00 p.m., February 25, 2020.
MAILED, E-MAILED, FAXED or COPIED FORMS WILL NOT BE ACCEPTED.

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

Candidate Type:  □ Parent/Legal Guardian;  □ Community Resident;  □ Teacher;

□ Non-Teacher Staff;  □ Student

SCHOOL NAME ___________________________________________  DATE

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?  19_____; 20_____ 

3. If elected or appointed, will you complete the 16 hours of mandatory training by January 1, 2021?  _____Yes;  _____No

FIRST NAME ______________________  LAST NAME ______________________

HOME ADDRESS ______________________  CITY ______________________  ZIP CODE ______________________

HOME PHONE NUMBER ______________________  CELLULAR PHONE NUMBER ______________________

WORK PHONE NUMBER ______________________  E-MAIL ADDRESS ______________________