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 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. (Please print all information)

School Name: _______________________________________________ Unit #________________ Network: _____________________

Candidate Type:    Parent/Legal Guardian;    Community Resident;    Teacher;    JROTC Instructor;
 Advocate;  Educational Expert;  Student

Candidate Name: _______________________________________________ _______________________________________________ _______________________________________________

LAST NAME                      FIRST NAME             MIDDLE NAME OR INITIAL

Home Address: _____________________________________________ City: ____________________ State: _____ Zip Code: ________

Date of Birth: ________________________________

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.

□ 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: ___________________

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   (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>
</thead>
<tbody>
<tr>
<td>Candidate Nomination</td>
<td>1-20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal Conviction Disclosure</td>
<td>2-20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number Disclosure</td>
<td>3-20</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FORM NAME</th>
<th>FORM NUMBER</th>
<th>RECEIVED</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidate Statement</td>
<td>4-20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher/Non-teacher Staff Candidate Information</td>
<td>5-20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Candidate Information</td>
<td>6-20</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>