

**CHICAGO PUBLIC SCHOOLS – 2024 LOCAL SCHOOL COUNCIL ELECTION**  
**FORM 1-24 - LSC, ALSC or BOG CANDIDATE NOMINATION FORM**

**This form and its accompanying documents must be filed in person in the school in which the candidate is running by 3:00 p.m., February 8, 2024 or in the Office of Local School Council Relations by 3:00 p.m., February 8, 2024.**  
**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;  Non-Teacher Staff;  Student;  
 JROTC Instructor;  Advocate or Educational Expert;  Commandant;  Cadet Battalion Commander

Candidate Name: \_\_\_\_\_

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.

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Employer ID        | <input type="checkbox"/> Social Security Card    | <input type="checkbox"/> Alpha list of Parents, Guardians |
| <input type="checkbox"/> Current Lease    | <input type="checkbox"/> Student ID         | <input type="checkbox"/> Current Utility Bill    | <input type="checkbox"/> Student's Birth Certificate      |
| <input type="checkbox"/> DPA Card         | <input type="checkbox"/> Credit Card        | <input type="checkbox"/> Voter Registration Card | <input type="checkbox"/> MediPlan/Medicaid Card           |
| <input type="checkbox"/> Library Card     | <input type="checkbox"/> Matricula Consular | <input type="checkbox"/> Permanent Resident Card | <input type="checkbox"/> 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 2-22) 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. I will also be subject to removal by the LSC if I miss 3 consecutive regular meetings or 5 regular meetings in a 12 month period.

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 (Check Missing Forms Below)

FORM NAME	FORM NUMBER	RECEIVED		FORM NAME	FORM NUMBER	RECEIVED	
		YES	NO			YES	NO
Candidate Nomination	1-24			Candidate Statement (Optional)	4-24		
Criminal Conviction Disclosure	2-24			Student Candidate Statement (Optional)	4S-24		
Telephone Number Disclosure	3-24			Teacher/Non-teacher Staff Candidate Information	5-24		
				Student Candidate Information	6-24		