

**FORM 1-22**

**LSC 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., March 4, 2022 or in the Office of Local School Council Relations by 3:00 p.m., February 25, 2022. 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

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 2-22) 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	1-22			Candidate Statement (Optional)	4-22		
Criminal Conviction Disclosure	2-22			Student Candidate Statement (Optional)	4S-22		
Telephone Number Disclosure	3-22			Teacher/Non-teacher Staff Candidate Information	5-22		
				Student Candidate Information	6-22		