**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
- □ Student ID
- □ Current Utility Bill
- □ 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     ___ Yes     ___ No

Nomination Forms Incomplete (Check Missing Forms Below)

<table>
<thead>
<tr>
<th>FORM NAME</th>
<th>FORM NUMBER</th>
<th>RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidate Nomination</td>
<td>1-22</td>
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<tr>
<td>Candidate Statement (Optional)</td>
<td>4-22</td>
<td>YES</td>
</tr>
<tr>
<td>Criminal Conviction Disclosure</td>
<td>2-22</td>
<td>YES</td>
</tr>
<tr>
<td>Student Candidate Statement (Optional)</td>
<td>4S-22</td>
<td>YES</td>
</tr>
<tr>
<td>Telephone Number Disclosure</td>
<td>3-22</td>
<td>YES</td>
</tr>
<tr>
<td>Teacher/Non-teacher Staff Candidate Information</td>
<td>5-22</td>
<td>YES</td>
</tr>
<tr>
<td>Student Candidate Information</td>
<td>6-22</td>
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