

**CHICAGO PUBLIC SCHOOLS  
CHICAGO BOARD OF EDUCATION  
LOCAL SCHOOL COUNCIL ADVISORY BOARD**

**LSCAB CANDIDATE NOMINATION FORM**

**This form must be signed, dated, and filed in the Office of Local School Council Relations, 3<sup>th</sup> Floor, 2651 W. Washington Blvd., Chicago, Illinois 60612 or emailed to [lscabelections@cps.edu](mailto:lscabelections@cps.edu) by 3:00 p.m. on January 17, 2023. Please Print.**

Indicate your Chicago Public School Network: \_\_\_\_\_

I am a Local School Council member at \_\_\_\_\_ School.

I serve as a:  Parent  Community Member  Advocate  Teacher  
 Non-Teacher Staff  JROTC Instructor  Principal

Name: \_\_\_\_\_  
*Last First Middle Initial*

Male  Female  Other

Home Address: \_\_\_\_\_ Chicago, IL 606\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
*(Optional)*

Business Address: \_\_\_\_\_  
*(Optional)*

Signature of Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

