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: ___________________________ ___________________________ ___________________________

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
☐ DPA 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: ___________

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>
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<th>FORM NAME</th>
<th>FORM NUMBER</th>
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<td>Candidate Nomination</td>
<td>1-24</td>
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<td>Candidate Statement (Optional)</td>
<td>4-24</td>
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<td>Criminal Conviction Disclosure</td>
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<td>Student Candidate Statement (Optional)</td>
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<td>Telephone Number Disclosure</td>
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<td>Teacher/Non-teacher Staff Candidate Information</td>
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<td>Student Candidate Information</td>
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