CHICAGO PUBLIC SCHOOLS – 2026 LOCAL SCHOOL COUNCIL ELECTION

FORM 1-26 - 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., January 20, 2026 or in the Office of Local School Council Relations by 3:00 p.m., January 20, 2026.

MAILED, E-MAILED, FAXED or COPIED FORMS WILL NOT BE ACCEPTED. (Please print all information)

School Name: _____ School ID #_____ 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
□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

(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 2-26) 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 YES	RECEIVED NO	FORM NAME	FORM NUMBER	RECEIVED YES	RECEIVED NO
Candidate Nomination	**1-26**			**Candidate Statement (Optional)**	**4-26**		
Criminal Conviction Disclosure	**2-26**			**Student Candidate Statement (Optional)**	**4S-26**		
Telephone Number Disclosure	**3-26**			**Teacher/Non-teacher Staff Candidate Information**	**5-26**		