

FORM 1-20

LSC CANDIDATE NOMINATION FORM

This form and its accompanying documents must be filed in the school in which the candidate is running by 3:00 p.m., March 5, 2020 or in the Office of Local School Council Relations by 3:00 p.m., February 25, 2020. **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: _____ E-mail: _____ *(The e-mail address entered here will be made Public)*

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.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Employer ID | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Alpha list of Parents, Guardians |
| <input type="checkbox"/> Current Lease | <input type="checkbox"/> Student ID | <input type="checkbox"/> Current Utility Bill | <input type="checkbox"/> Student's Birth Certificate |
| <input type="checkbox"/> IDPA Card | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Voter Registration Card | <input type="checkbox"/> MediPlan/Medicaid Card |
| <input type="checkbox"/> Library Card | <input type="checkbox"/> Matricula Consular | <input type="checkbox"/> Permanent Resident Card | <input type="checkbox"/> 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 2-20) 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.

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 RECEIVED		FORM NAME	FORM RECEIVED	
	NUMBER	YES NO		NUMBER	YES NO
Candidate Nomination	1-20		Candidate Statement	4-20	
Criminal Conviction Disclosure	2-20		Teacher/Non-teacher Staff Candidate Information	5-20	
Telephone Number Disclosure	3-20		Student Candidate Information	6-20	

