

# FORM 1-16

## 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 4, 2016 or in the Office of Local School Council Relations by 3:00 p.m., February 19, 2016.  
**MAILED, E-MAILED, FAXED or COPIED FORMS WILL NOT BE ACCEPTED. (Please print all information)**

School Name: \_\_\_\_\_ 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: \_\_\_\_\_

**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 2-16) 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	1-16		Candidate Statement	4-16	
Criminal Conviction Disclosure	2-16		Teacher/Non-teacher Staff Candidate Information	5-16	
Telephone Number Disclosure	3-16		Student Candidate Information	6-16	