

FORM 3-20

LSC CANDIDATE

TELEPHONE NUMBER DISCLOSURE FORM

This form 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.

» » » » » CONFIDENTIAL « « « « «

IF YOU DO NOT HAVE A TELEPHONE, PLEASE LIST THE PHONE NUMBER OF A NEIGHBOR, RELATIVE OR FRIEND WHO WILL ACCEPT IMPORTANT MESSAGES FOR YOU AND BE SURE TO RELAY THE MESSAGE TO YOU.

YOUR TELEPHONE INFORMATION WILL BE USED ONLY BY THE BOARD OF EDUCATION AND WILL NOT BE DISCLOSED TO THE PUBLIC.

PURSUANT TO THE ILLINOIS SCHOOL CODE, LSC MEMBERS' NAMES AND ADDRESSES ARE AVAILABLE TO THE PUBLIC.

PLEASE PRINT ALL INFORMATION

Candidate Type: [ ] Parent/Legal Guardian; [ ] Community Resident; [ ] Teacher; [ ] Non-Teacher Staff; [ ] Student

SCHOOL NAME

DATE

Teacher and Non-teacher Staff Candidates, please provide:

CPS Employee ID Number: \_\_\_\_\_

Note: The name used must match the name associated with the Employee ID.

All Candidates must answer the following questions:

- 1. Have you served on an LSC in the past? \_\_\_Yes \_\_\_No
2. If "Yes," what was the first year you served? 19\_\_\_\_; 20\_\_\_\_
3. If elected or appointed, will you complete the 16 hours of mandatory training by January 1, 2021? \_\_\_\_Yes; \_\_\_\_ No

FIRST NAME

LAST NAME

HOME ADDRESS

CITY

ZIP CODE

HOME PHONE NUMBER

CELLULAR PHONE NUMBER

WORK PHONE NUMBER

E-MAIL ADDRESS