CHICAGO PUBLIC SCHOOLS CHICAGO BOARD OF EDUCATION LOCAL SCHOOL COUNCIL ADVISORY BOARD

LSCAB CANDIDATE NOMINATION FORM

This form must be signed, dated, and filed in the Office of Local School Council Relations, 3th Floor, 2651 W. Washington Blvd., Chicago, Illinois 60612 or emailed to lscrelations@cps.edu by 3:00 p.m. on January 9, 2025. Please Print.

Indicate your Chicago Public Sch	ool Network:	
I am a Local School Council mem	ber at	School.
I serve as a: Parent Com	<u> </u>	lvocate/Ed. Expert
Name:	First	Middle Initial
☐ Male ☐ Fem	ale 🗖 Other	
Home Address:		Chicago, IL 606
Home Phone:	Work Ph	none:
Email:	Cell Pho	ne:
Name of Employer:	(Optional)	
Business Address:	(Optional)	
Signature of Candidate:		
Date:		

CANDIDATE STATEMENT FOR A SEAT ON THE LOCAL SCHOOL COUNCIL ADVISORY BOARD (2025-2027)

DECLARACIÓN DEL CANDIDATO PARA UN PUESTO EN LA JUNTA CONSULTIVA DEL CONCILIO ESCOLAR LOCAL (2025-2027)		
This Form Will Be Posted/Este Formulario Será Publicado		
CANDIDATE NAME/ CANDIDATO:		