

FORM 2-20

ALSC/BOG Candidate Criminal Conviction Disclosure Form

This form is required by law and 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)

Please print all information legibly.

Candidate Name: _____
LAST NAME FIRST NAME MIDDLE NAME OR INITIAL

(CIRCLE RACE BELOW)

White/Caucasian African-American Hispanic/Latino(a) Asian/Asian-American Native American/Alaskan Hawaiian/Pacific Islander

Candidate Type: Parent/Legal Guardian Community Resident Teacher
 JROTC Instructor Advocate Educational Expert Student

Home Address: _____
STREET CITY STATE ZIP

Date of Birth: _____ Gender: Male Female
MONTH DATE YEAR

Date of Filing: _____ School: _____
MONTH DATE YEAR

Please list all previous Illinois addresses within the past five (5) years. Dates From/To

Please list maiden name(s) and/or any other names you are known as or have used: (Last, First, Middle)

GENERAL INFORMATION

- Any candidate seeking appointment or election to a Local School Council must complete this form. Instructions are below. Failure to complete this form will result in a candidate's automatic disqualification from election or appointment.
- Any candidate that is elected or appointed to serve on a Local School Council will be required to submit to a criminal background investigation which includes a fingerprint check of the Illinois State Police and Federal Bureau of Investigation database prior to taking office. Candidates will also be subject to a child abuse and neglect background check (Department of Children and Family Services) to determine if the candidate has been indicated of an incident of child abuse or neglect.
- If, after conducting a criminal background investigation, regardless of prior disclosure, it is determined the candidate was convicted of a disqualifying offense, the Board will seek the applicant's removal.

FORM 2-20**ALSC/BOG Candidate Criminal Conviction Disclosure Form**

This form is required by law and 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)

INSTRUCTIONS

- Candidates must file the completed form with the school in which the candidate is running for office by 3:00 p.m., March 5, 2020 or in the Office of Local School Council Relations, 2651 W. Washington Blvd., 3rd Floor, Chicago, Illinois 60612 by 3:00 p.m., February 25, 2020. Mailed, e-mailed, faxed or copied forms will not be accepted.
- If the candidate is under 18 years old of age, a parent or guardian must consent to the disclosure of convictions.
- Under Section 34-2.1 of the Illinois School Code, candidates for a Local School Council are required to disclose the disqualifying criminal convictions listed below.
- Failure to disclose disqualifying criminal convictions will prevent a candidate from appearing on a ballot and, if elected or appointed, the Board seeking the candidate's removal.
- Candidates must disclose the disqualifying criminal conviction(s) regardless of when the conviction(s) occurred, unless specified otherwise in the "Disclosures" section below.
- Candidates must disclose conviction(s) of a similar or substantially similar disqualifying offense in another state, which can be described in no. 26 below.
- Please note: Candidates are not required to disclose a juvenile conviction(s). However, regardless of age at time of arrest/conviction, if the matter was adjudicated in adult court and is a disqualifying conviction, this conviction must be disclosed.
- If after conducting a criminal background investigation, regardless of prior disclosure, it is determined the candidate was convicted of a disqualifying offense, the Board will seek the applicant's removal via a hearing.
- In order to determine if an applicant was convicted of a disqualifying conviction, the applicant may be required to submit official documentation, at the candidate's cost, to the Board for review.

DISCLOSURES

Disqualifying offenses are those found in Section 34-18.5, Section 21B-80, and Section 34-2.1 (f-5) of the Illinois School Code. **Indicate if you have been convicted of committing OR attempting to commit any of the disqualifying offenses listed below.** Please check all that apply.

1. YES **Any offense defined in the Cannabis Control Act, except those defined in Sections 4(a), 4(b), 4(c), 5(a) and 5(b) and any offense for which an individual receives Section 10 probation, provided that the terms and conditions of Section 10 probation are successfully fulfilled** (720 ILCS 550/1 *et seq.*, except those defined in 720 ILCS 550/4(a), 4(b) and 4(c), and 720 ILCS 550/5(a) and 5(b), and successful completion of probation under 720 ILCS 550/10). (**NOTE:** Pursuant to Section 5/21B-80, you must disclose only if the current calendar year is within seven (7) years following the end of the sentence for the criminal offense);

2. YES **Any offense defined in the Illinois Controlled Substances Act, except any offense for which an individual receives Section 410 probation, provided that the terms and conditions of Section 410 probation are successfully fulfilled** (720 ILCS 570/100 *et seq.*, except successful completion of probation under 720 ILCS 570/410) (**NOTE:** Pursuant to Section 5/21B-80, you must disclose only if the current calendar year is within seven (7) years following the end of the sentence for the criminal offense);

3. YES **Any offense defined in Section 401.1, 405.1, or 405.2 of the Illinois Controlled Substances Act** (720 ILCS 570/401.1 = controlled substance trafficking; 720 ILCS 570/405.1 = criminal drug conspiracy; 720 ILCS 570/405.2 = street gang criminal drug conspiracy) (**NOTE:** You must disclose only if you have been convicted within the 10 years previous to the date of your nomination or appointment);

FORM 2-20**ALSC/BOG Candidate Criminal Conviction Disclosure Form**

This form is required by law and 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)

4. YES **Any offense defined in the Methamphetamine Control and Community Protection Act, except any offense for which an individual receives Section 70 probation, provided that the terms and conditions of Section 70 probation are successfully fulfilled** (720 ILCS 646/1 *et seq.*, except successful completion of probation under 720 ILCS 646/70) (**NOTE:** Pursuant to Section 5/21B-80, you must disclose only if the current calendar year is within seven (7) years following the end of the sentence for the criminal offense);
5. YES **Any offense defined in Section 11-1.20 (formerly 5/12-13)** (720 ILCS 5/11-1.20 = criminal sexual assault);
6. YES **Any offense defined in Section 11-1.30 (formerly 5/12-14)** (720 ILCS 5/11-1.30 = aggravated criminal sexual assault);
7. YES **Any offense defined in Section 11-1.40 (formerly 5/12-14.1)** (720 ILCS 5/11-1.40 = predatory criminal sexual assault);
8. YES **Any offense defined in Section 11-1.50 (formerly 5/12-15)** (720 ILCS 5/11-1.50 = criminal sexual abuse);
9. YES **Any offense defined in Section 11-1.60 (formerly 5/12-16)** (720 ILCS 5/11-1.60 = aggravated criminal sexual abuse);
10. YES **Any offense defined in Section 11-6, inclusive** (720 ILCS 5/11-6 = indecent solicitation of a child; 11-6.5 = indecent solicitation of an adult; 11-6.6 = solicitation to meet a child (using electronic means);
11. YES **Any offense defined in Sections 11-9 (11-9 renumbered as Section 11-30) through 11-9.5, inclusive** (720 ILCS 5/11-9.1 = sexual exploitation of a child; 11-9.1A = permitting sexual abuse of a child; 11-9.1B = failure to report sexual abuse of a child; 11-9.2 = custodial sexual misconduct; 11-9.3 = presence within school zone by child sex offenders prohibited; approaching, contacting, residing with, or communicating with a child within certain places by child sex offenders; 11-9.4-1 = sexual predator and child sex offender; presence or loitering in or near public parks); 11-9.5 = sexual misconduct with a person with a disability;
12. YES **Any offense defined in Sections 11-14.1 through 11-21, inclusive** (720 ILCS 5/11-14.1 = solicitation of sexual act; 11-14.3(a)(2) = promoting prostitution by profiting from prostitution; 11-14.4 = promoting juvenile prostitution; 11-15 = soliciting for a prostitute (repealed eff. 7/1/11); 11-16 = pandering (repealed eff. 7/1/11); 11-17 = keeping a place of prostitution (repealed eff. 7/1/11); 11-17.1 = keeping a place of juvenile prostitution (repealed eff. 7/1/11); 11-18 = patronizing a prostitute; 11-18.1 = patronizing a minor engaged in prostitution; 11-19 = pimping (repealed 7/1/11); 11-19.1 = juvenile pimping or aggravated juvenile pimping (repealed eff. 7/1/11); 11-19.2 = exploitation of a child (repealed eff. 7/1/11) 11-20 = obscenity; 11-20.1 = child pornography; 11-20.1B = aggravated child pornography (repealed eff. 1/1/13) 11-20.2 = duty of film and print processors to report sexual depiction of children; 11-20.3 = aggravated child pornography (renumbered as 11-20.1B); 11-21 = harmful material (prurient interests);
13. YES **Any offense defined in Section 11-23 (if punished as a Class 3 felony)** (720 ILCS 5/11-23 = posting of identifying or graphic information on a pornographic Internet site or possessing graphic information with pornographic material);
14. YES **Any offense defined in Section 11-24** (720 ILCS 5/11-24 = child photography by a sex offender);

FORM 2-20

ALSC/BOG Candidate Criminal Conviction Disclosure Form

This form is required by law and 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)

- 15. YES **Any offense defined in Section 11-25** (720 ILCS 5/11-25 = grooming);
- 16. YES **Any offense defined in Section 11-26** (720 ILCS 5/11-26 = traveling to meet a minor);
- 17. YES **Any offense defined in Section 11-30 (if punished as a Class 4 felony)** (720 ILCS 5/11-30 = public indecency, third or fourth violation);
- 18. YES **Any offense defined in Section 12C-45** (Section 12-4.9 renumbered as Section 12C-45) = drug induced infliction of harm to a child athlete);
- 19. YES **Any offense defined in Section 12-32** (720 ILCS 5/12-32 = ritual mutilation);
- 20. YES **Any offense defined in Section 12-33** (720 ILCS 5/12-33 = ritualized abuse of a child);
- 21. YES **Any offense defined in Section 26-4 if punished pursuant to (d)(4) or (d)(5) of the Section** (720 ILCS 5/26-4 = unauthorized video recording and live video transmission);
- 22. YES **Perpetrator of sexual or physical abuse of any minor under 18 years of age pursuant to proceedings under Article II of the Juvenile Court Act of 1987** (705 ILCS 405/2-1, et seq.);
- 23. YES **First degree murder;**
- 24. YES **Conspiracy to commit first degree murder;**
- 25. YES **Soliciting first degree murder;**
- 26. YES **Class X felony.** Please specify: _____;
- 27. YES **Conspiracy to commit Class X felony;**
- 28. YES **Soliciting Class X felony;**
- 29. YES **Similar out-of-state offense to any of the foregoing offenses.** Please specify: _____;

NO, I have not been convicted of any of the offenses listed above.

FORM 2-20

ALSC/BOG Candidate Criminal Conviction Disclosure Form

This form is required by law and 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)

VERIFICATION

1. The undersigned verifies the information above is true and correct.
2. The undersigned verifies that he/she is the candidate named on this form.
3. The undersigned authorizes the Chicago Public Schools to perform a criminal background investigation.

Candidate's Name (Please Print): _____

Candidate's Signature: _____ Date: _____

Parent/Guardian Signature (if candidate is under 18): _____ Date: _____



FORM 1-20

ALSC/BOG 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; JROTC Instructor;
 Advocate; Educational Expert; Student

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.

- | | | | |
|---|---|--|---|
| <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 NUMBER	RECEIVED		FORM NAME	FORM NUMBER	RECEIVED	
		YES	NO			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		

FORM 4-20

LSC CANDIDATE STATEMENT



CANDIDATES MAY USE THE FRONT SIDE OF THIS FORM OR ONE (1) SIDE OF ANOTHER SHEET OF PAPER OF THE SAME SIZE (8.5 IN. X 11 IN.) TO STATE THEIR QUALIFICATIONS AND PLANS IF ELECTED OR APPOINTED TO THE LOCAL SCHOOL COUNCIL.
THE STATEMENT MAY BE COMPLETED IN A LANGUAGE OTHER THAN ENGLISH.
CANDIDATES MAY INCLUDE A PHOTO OR PHOTOS ON THE FORM.

SCHOOL: _____ NETWORK: _____

CANDIDATE'S NAME: _____ DATE: _____

FORM 3-20
ALSC/BOG 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;
 JROTC Instructor; Advocate; Educational Expert; 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