Citywide Education Council
Candidate Application
July 1, 2015 - June 30, 2017 Term

Applicant Information

Indicate the Citywide Education Council(s) to which you are applying:

- ☐ Citywide Council on High Schools (indicate the borough where the high school your child attends is located) _____
- ☐ Citywide Council on English Language Learners (for parents of students currently enrolled in an ELL program)
- ☐ Citywide Council on Special Education (for parents of students who currently have a child with an Individualized Education Program)
- ☐ Citywide Council for District 75 Council (for parents of students currently attending a District 75 school)

Are you also applying for a Community Education Council? Yes ☐ No ☐ If you are applying for a Community Education Council, you must also fill out the separate application for that Council.

Council Preference:

If you are applying to more than one Council, you must rank the Councils to which you are applying, in order of your preference. Place the number "1" next to your top preference, the number "2" next to your second preference, and so on. **If you are also applying to serve on a Community Education Council**, you must fill out both this application and the separate application for Community Education Councils, and specify below where the Community Education Council ranks among your numbered preferences. If you are elected to more than one Council, **you will be assigned** to serve on the Council that you ranked the highest from among the Councils to which you were elected.

Complete Contact Information:

FIRST NAME	**LAST NAME**	
STREET ADDRESS		**APT NO.**
CITY/BOROUGH	**STATE**	**ZIP**
HOME TELEPHONE	**MOBILE/WORK TELEPHONE**	
E-MAIL	**FAX**	

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Complete Student Verification Information:

Applicants are required to list each school under the jurisdiction of the community school district where they currently have a child enrolled. An applicant will be considered a representative of each such school. Failure to list all the schools where the Applicant has a child enrolled will be grounds for disqualification subject to the Chancellor's discretion.

	CHILD NO. 1					CHILD NO. 2					CHILD NO. 3				
STUDENT FIRST NAME															
STUDENT LAST NAME															
RELATIONSHIP TO STUDENT															
STUDENT GRADE															
SCHOOL NAME															
SCHOOL DBN (eg. 02X123)*															
STUDENT PROGRAM ***(CHECK ALL THAT APPLY)***															
	GENERAL EDUCATION	**SPECIAL EDUCATION SERVICES/IEP**	**ESL/DUAL LANGUAGE**	**GIFTED & TALENTED**	**DISTRICT 75 PROGRAM**	**GENERAL EDUCATION**	**SPECIAL EDUCATION SERVICES/IEP**	**ESL/DUAL LANGUAGE**	**GIFTED & TALENTED**	**DISTRICT 75 PROGRAM**	**GENERAL EDUCATION**	**SPECIAL EDUCATION SERVICES/IEP**	**ESL/DUAL LANGUAGE**	**GIFTED & TALENTED**	**DISTRICT 75 PROGRAM**

*Please see the Application Instructions (on page 7) for information on how to find the DBN (District, Borough and School Number).

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Eligibility Verification

Answer the questions below. If conditionally selected, additional questions may be asked to confirm your eligibility. A summary of the eligibility requirements is provided in the Application Instructions.

1. Are you currently employed by the Department of Education? If yes, please indicate your title and location of your job below.	**YES**	**NO**
2. Do you hold any elective public office or any elective or appointed party position other than delegate or alternate delegate to a national, state, judicial or other party convention, or member of a county committee? If yes, please describe below.	**YES**	**NO**
3a. Have you ever been convicted of a crime? If yes, please describe below.	**YES**	**NO**
3b. Have you ever been convicted of a felony? If yes, please describe below.	**YES**	**NO**
4. Have you ever been removed from a PA/PTA, School Leadership Team, District Presidents' Council, Borough High School Council, Title I Committee, a community school board, a Community District Education Council, the Citywide Council on High Schools, the Citywide Council on English Language Learners, the Citywide Council for Special Education, or the Citywide Council for District 75? If yes, please describe below.	**YES**	**NO**

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Applicant Public Profile

Please note that all the information in this section, separate from the rest of the application, will be made available to the public.

Please make sure the information you provide here matches the information you provided in the "Applicant Information" section. Please list only schools here; do NOT provide student name(s).

	Name of School Child Attends	School DBN Number (District, Borough, School Number) (Example 02X123)	GENERAL EDUCATION	SPECIAL EDUCATION SERVICES/IEP	ESL/DUAL LANGUAGE	GIFTED & TALENTED	DISTRICT 75 PROGRAM
CHILD NO. 1							
CHILD NO. 2							
CHILD NO. 3							

Applicant Background

Applicant Background will appear online and in candidate brochures.

Describe any school-related, community or civic activities in which you have participated. Include any specific experience you have with a particular student population (e.g., Special Education, English Language Learner, etc.).

Personal Statement

Personal Statement will appear online and in candidate brochures.

Applicants are strongly encouraged to include one. If you decide not to include a personal statement now, you will not be allowed to submit one after the application has been submitted. Please be sure to check your Personal Statement and Applicant Background for grammar and spelling. You will not be allowed to request edits or alterations to your Personal Statement or Applicant Background after your application has been submitted.

Explain why you want to serve on a Citywide Education Council and why you feel you would be effective.

Applicant's Employer

List the name of every employer (including self-owned businesses),

- From which you received more than $1,000 for services performed or for goods sold or produced in the 12 months preceding the date you are completing this form, and/or
- Of which you were a paid member, officer, director, or trustee.

Clearly indicate "N/A" if the section is not applicable N/A ☐

EMPLOYER NAME Dates of Employment	Title. Brief job description. Do you have any interaction with DOE? If yes, describe.	Does employer do business with the DOE? *Answer: YES, NO, or UNKNOWN*	If applicable, provide a description of employer's business dealings with the DOE?
e.g.: Staples	*Store Manager*	*Yes*	*Sells supplies to DOE*

Applicant's Volunteer Positions

List every organization in which you hold any volunteer (uncompensated) office or position, such as an officer, director or trustee. Do NOT list organizations in which you are only a member.

Clearly indicate "N/A" if the section is not applicable N/A ☐

NAME OF ORGANIZATION Dates of Volunteer Service	NATURE OF ORGANIZATION	Title. Brief job description. Do you have any interaction with DOE? If yes, describe.	Does organization do business with the DOE? *Answer: YES, NO, or UNKNOWN*
e.g.: Tree Top Inc.	*Cooperative Nursery School*	*President*	*No*

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Application Instructions

Do NOT leave any section blank. If any portion of this application does not apply to you, please indicate "N/A" (not applicable) in that space.

Finding the DBN for your child's school:
Each school has a unique DBN (District, Borough and School Number). To find the DBN, visit schools.nyc.gov/schoolsearch and type the school's name into the search box. Once you have located the correct school, the borough and school number will be listed after the school's name (key: M =Manhattan; X = Bronx; K = Brooklyn; Q = Queens; R = Staten Island); you will need to add the district number listed on the last line to complete the DBN.

Summary of eligibility requirements:
Chancellor's Regulations D-140, D-150, D-160, and D-170 document the eligibility requirements for Community and Citywide Education Council members. The complete regulations can be found online at: http://schools.nyc.gov/RulesPolicies/ChancellorsRegulations
Eligibility is determined at the time of application.

Who is eligible to Apply:

- For Citywide Council on High Schools (CCHS) – Parents of current high school students.
- For Citywide Council on English Language Learners (CCELL) - Parents of students in a bilingual or ESL program ("ELL students") currently or within the past two years.
- For Citywide Council on Special Education (CCSE) - Parents of students with an IEP who currently receive special education services that are provided by and/or paid for by the Department of Education (DOE)
- For Citywide Council for District 75 (CCD75) - Parents of students currently receiving citywide special education services (D75).
- For Community Education Councils (CECs). Parents of students in grades Kindergarten through Eight who currently attend a school under the jurisdiction of the community school district in which the parents wish to serve on the CEC. A parent who is eligible at the time of application shall, if duly elected, be permitted to serve a full two-year term on the CEC, even if their child graduates from the eighth grade and/or ceases to attend a school under the jurisdiction of the community school district during the parent's term.

Consistent with the Chancellor's Regulations, a parent is defined as a parent, guardian, or person in parental relation to a child. A person in parental relation to a child is a person who is directly responsible for the care and custody of a child on a regular basis in lieu of a parent or legal guardian.

Who is not eligible to serve:

- Persons holding elective public office or elective or appointed party positions (except delegate or alternate delegate to a national, state, judicial or other party convention, or member of a county committee).
- Current Department of Education (DOE) employees.
- Persons who have been convicted of a felony, removed from a Citywide Council or Community Education Council (CEC) for an act of malfeasance directly related to service on such Citywide Council or CEC, or convicted of a crime directly related to service on such Citywide Council or CEC.
- Members of the Panel for Educational Policy;
- Persons who have been removed from a PA/PTA, School Leadership Team, District Presidents' Council, Borough High School Council, Title I Committee, or community school board for an act of

malfeasance directly related to service on such association, team, council, committee, or board, or convicted of a crime directly related to such association, team, council, committee, or board.

- Persons who are determined to have a conflict of interest by the DOE Ethics Officer or other designee of the Chancellor.

A note on financial disclosures:
The information you provide will be reviewed by the Department of Education. It is necessary to obtain the requested information in order to determine whether you (the applicant) have a conflict of interest under the NYC Conflicts of Interest Law. If conditionally selected, you may be asked to provide additional information.

Optional Information

How did you learn about the Education Council initiative?

- ☐ Child's school
- ☐ Parent Coordinator
- ☐ NYC DOE Website
- ☐ Community Based Organization (please describe) _____
- ☐ Other (please describe) _____

Certification

I, _____ certify that all information provided is true and accurate to
(PRINT NAME)
the best of my knowledge.

From Section 175.30 of the New York State Penal Law "A person is guilty of offering a false instrument for filing in the second degree when, knowing that a written instrument contains a false statement or false information, he offers or presents it to a public office or public servant with the knowledge or belief that it will be filed with, registered or recorded in or otherwise become a part of the records of such public office or public servant."

I understand that providing false information in connection with my application may subject me to criminal penalties and/or disqualification or removal from an Education Council.

By signing this page. I am verifying that I have read and understand the eligibility requirements related to serving on a Community or Citywide Education Council.

I can be reached at the following telephone number should there be any questions related to my application:

_____
(TELEPHONE NUMBER)

APPLICANT SIGNATURE

DATE

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Application must be postmarked on or before: **March 11, 2015**

Mail the completed application to the address below:

Mail to	NYC DOE c/o Votenet Solutions 1420 K Street NW Suite 200 Washington, DC 20005