



**Department of
Education**

Joel I. Klein
Chancellor

Community & Citywide Education Councils

Candidate Application

July 1, 2009 - June 31, 2011 Term

Applicant Information (PLEASE FILL OUT YOUR CONTACT INFORMATION IN ENGLISH)

Indicate the Citywide Education Council to which you are applying *(select ONE)*:

- Community Education Council (indicate Community School District, e.g. "D75") _____
- Citywide Council for High Schools (indicate the borough of the high school your child attends) _____
- Citywide Council for English Language Learners
- Citywide Council on Special Education (only for parents of students receiving citywide special education services)

Complete Contact Information:

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

Candidate's Demographic Information (OPTIONAL)

RACE/ETHNICITY		PREFERRED LANGUAGE	
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Complete Student Verification Information:

	CHILD NO. 1	CHILD NO. 2	CHILD NO. 3
STUDENT NAME			
RELATIONSHIP TO STUDENT			
STUDENT GRADE			
SCHOOL NAME			
SCHOOL ADDRESS			
SCHOOL NUMBER			
STUDENT PROGRAM <small>(CHECK ONE)</small>	<i>If other, please describe:</i>	<i>If other, please describe:</i>	<i>If other, please describe:</i>
	GENERAL EDUCATION SPECIAL EDUCATION ENGLISH LANGUAGE LEARNER GIFTED & TALENTED OTHER	GENERAL EDUCATION SPECIAL EDUCATION ENGLISH LANGUAGE LEARNER GIFTED & TALENTED OTHER	GENERAL EDUCATION SPECIAL EDUCATION ENGLISH LANGUAGE LEARNER GIFTED & TALENTED OTHER



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Eligibility Information

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 Notes.

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 country 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 for Special Education? If yes, please describe below.	YES	NO



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Applicant Public Profile

Please note that the information provided below, separate from the rest of the application, may be made available to the public.

Please do NOT provide student name.

	Name of School Child Attends	School Number	School Program					Please Describe
			GENERAL EDUCATION	SPECIAL EDUCATION	ENGLISH LANGUAGE LEARNER	GIFTED & TALENTED	OTHER	
CHILD NO. 1								
CHILD NO. 2								
CHILD NO. 3								

Applicant Background

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

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



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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 between 2009 and the present, and/or
- Of which you were a paid member, officer, director or trustee.

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

EMPLOYER NAME	TITLE/RELATIONSHIP	Does employer do business with the DOE, including ISCs or CSDs? <i>Answer: YES, NO, or UNKNOWN</i>	If applicable, provide a description of employer's business dealings with DOE, ISC, or CSD
<i>e.g: Staples</i>	<i>Store Manager</i>	<i>Yes</i>	<i>Sells supplies to DOE but not CSD 32</i>

Applicant's Investments

List any entity in which you have an ownership interest of at least 5% or \$10,000 (whichever is less) as of the date you are completing this form. Do NOT list any publicly traded company, unless you hold a position with the company (e.g. officer, director, employee).

Clearly indicate "N/A" if the selection is not applicable.

NAME OF ENTITY	OWNERSHIP PERCENTAGE/ INVESTMENT AMOUNT	Position	Does employer do business with the DOE, including ROCs or CSDs? <i>Answer: YES, NO, or UNKNOWN</i>
<i>e.g: Jones Supply Company</i>	<i>Store Manager</i>	<i>Yes</i>	<i>Sells supplies to DOE but not CSD 32</i>



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Investments of Applicant's Spouse or Registered Domestic Partner and Unemancipated Children

List any entity in which your spouse or registered domestic partner and unemancipated children have an ownership interest of at least 5% or \$10,000 (whichever is less) as of the date you are completing this form. Do NOT list any publicly traded company, unless they hold a position with the company (e.g., officer, director, employee).

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

SPOUSE, REGISTERED DOMESTIC PARTNER, OR CHILD'S NAME AND RELATION	NAME OF ENTITY	OWNERSHIP PERCENTAGE/ INVESTMENT AMOUNT	Position Held	Does employer do business with the DOE, including ROCs or CSDs? <i>Answer: YES, NO, or UNKNOWN</i>
<i>e.g. James Smith/ Husband</i>	<i>Jones Supply Company</i>	<i>52%</i>	<i>President</i>	<i>No</i>

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.

NAME OF ORGANIZATION	NATURE OF ORGANIZATION	TITLE/RELATIONSHIP	Does employer do business with the DOE, including ROCs or CSDs? <i>Answer: YES, NO, or UNKNOWN</i>
<i>e.g. Tree Top, Inc.</i>	<i>Cooperative Nursery School</i>	<i>President</i>	<i>No</i>



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Application Notes

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.

Summary of eligibility requirements:

Chancellor 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.gov/Councils>).

Who is eligible:

- For Community Education Councils (CEC) - Parents of students attending a public school under the jurisdiction of the community school district are eligible to serve on the corresponding CEC.
- For Citywide Council on High Schools (CCHS) - Parents of public high school students are eligible to serve on the CCHS as a representative of the borough in which their child attends school.
- For Citywide Council on English Language Learners (CCELL) - Parents of students receiving bilingual or English as a second language services ("ELL Students") are eligible to serve on the CCELL.
- For Citywide Council on Special Education (CCSE) - Only parents of students receiving citywide special education services (i.e., students with Individualized Education Plans) are eligible to serve on the CCSE.

Consistent with 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:

- 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 DOE employees;
- Persons who have been convicted of a felony;
- Persons removed from a Community School Board, Community Education Council, the Citywide Council on Special Education, or the Citywide Council on High Schools for an act of malfeasance directly related to service on such board or council, or convicted of a crime directly related to service on such board or council;
- Persons who are on another CEC, the CCSE, the CCELL or the CCHS;
- Persons who are determined to have a financial conflict of interest by the DOE Ethics Officer or other designee of the Chancellor based on the Conflicts of Interest Law of the City of New York; and
- Persons who have been removed from a PA/PTA, School Leadership Team, District Presidents' Council, Borough High School Council or Title I Committee for an act of malfeasance directly related to service on such association, team, council or committee; or convicted of a crime directly related to service on such association, team, council, or committee.

A note on financial disclosures:

The provided information 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?		
<input type="checkbox"/> Child's School	<input type="checkbox"/> Community Based Organization	<input type="checkbox"/> Other
<input type="checkbox"/> Parent Coordinator	<input type="checkbox"/> <small>please describe:</small>	<input type="checkbox"/> <small>please describe:</small>
<input type="checkbox"/> NYCDOE Website		



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Certification

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

From Section 175.30 of 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 information, he offers or presents it to a public office or public servant with the knowledge 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

Application must be postmarked on or before:

Send completed application using **one** of the following methods:

Mail to:	Fax to: