

New York City Department of Education Community Education Councils Candidate Vacancy Application, District 15 2007-2009 Term

CEC 15 Office: 718-935-4267

**Important: To help ensure accurate processing,
please follow the directions when completing this application.**
Contact the Council Office at 718-935-4267

Applicant Name _____

Part A

For review by the Department of Education

I. Council Information

Indicate the Community and/or Citywide Education Councils to which you are applying.

- Community Education Council for District(s) _____ 15 _____ Region _____ 8 _____
- Citywide Council on Special Education (For District 75 parents ONLY)
- Citywide Council on High Schools for Region(s) _____

II. Parent/Guardian Information

Parent / Guardian Name _____

Parent / Guardian Street Address _____ Apt. # _____

City / Borough _____ State _____ Zip Code _____

Tel. Home _____ Tel. Work _____

E-mail _____ Fax _____

Employer Name(s) _____

III. Student Verification Information

	Child #1	Child #2	Child #3
Student's Name			
Relationship to Student			
Student's Grade			
School Number			
School Name			
School Address			

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Part A, *continued*

For review by the Department of Education

IV. Eligibility Verification

Refer to instructions for Eligibility Requirements

1. Are you currently serving as an officer on a parent association or parent-teacher association at a public school under the Department of Education? If yes, please specify school(s) and position(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Are you currently employed by the Department of Education? If yes, please indicate your title and location of your job.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3. 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4. Have you ever been convicted of a crime? If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Have you ever been convicted of a felony? If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6. Have you ever been removed from a community school board or education council? If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Applicant Name _____

Part B

Do Not Place Your Child's Name on This Page.

I. Child Program Information

Program Child Attends (<i>check one</i>)						
School Name	School Number	General Education	Special Education	English Language Learner	Gifted & Talented	Other (<i>please describe</i>)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. 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 Learners, etc.).

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Applicant Name _____

Part B, *continued*

Do Not Place Your Child's Name on This Page.

III. Personal Statement

Explain why you want to serve on a Community or Citywide Education Council and why you feel you would be effective. You may use additional pages if necessary.

[Empty box for Personal Statement]

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Part C

This certification page must be signed in order for your application to be processed. If you are completing this application electronically, you still must print this page, sign it and submit it via mail or fax.

I, _____ certify that all information given herein is true and accurate
(Print Name)
to the best of my knowledge.

From Section 175.30 of the 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 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 phone number should there be any questions related to my application:

(Phone Number)

Signature

Date

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Optional Information
1. How did you learn about the Education Council Initiative?
<input type="checkbox"/> Child's School <input type="checkbox"/> Parent Coordinator <input type="checkbox"/> NYCDOE Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Other (<i>please describe</i>)
2. How did you obtain an application?
<input type="checkbox"/> Child's School <input type="checkbox"/> Parent Coordinator <input type="checkbox"/> NYCDOE Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Councils Hotline <input type="checkbox"/> Community Based Organization (<i>please describe</i>)
<input type="checkbox"/> Other (<i>please describe</i>)

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

Mail or hand-deliver to:	Fax or email to:
Romaine Smith 131 Livingston Street, room 301 Brooklyn, NY 11201	Romaine Smith 718-935-4356 Rsmith45@schools.nyc.gov

For additional information or questions, call 718-935-4267.

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KEY THINGS TO REMEMBER

- Follow these instructions carefully to help ensure accurate processing of your application.
- Do NOT leave any section blank. If any portion of this application does not apply to you, please indicate "NA" (not applicable) in that space. This will indicate that you have not missed a section and have completed the application properly.
- Should you have any questions while completing the application, you may contact the Council Office at 718-935-4267

PART A

Part A will be reviewed by the Department of Education.

- II. **Parent/Guardian Information** – Complete this section with your full name and current contact information. The information you provide will be used to contact you, as necessary, throughout the application process. In the space marked employer, please identify the name of the company or organization for which you currently work. If you are not currently employed, please indicate "NA" (not applicable).
- III. **Student Verification Information** – This information should be completed for each child attending a NYC public school. If you have more than three children attending NYC public schools, please add an additional page. An example has been provided below.

Student's Name – Please indicate each child's name. The name you provide will be verified with school records for eligibility purposes.

Relationship to Student – Indicate your relationship to each child listed (e.g., mother, father).

Student's Grade – Please indicate each child's current grade level, as of the application deadline. Note: if your child is scheduled to attend high school in September 2007, you should be applying to the Citywide Council on High Schools. If you are not sure which high school your child will attend, you may apply to more than one region. However, if conditionally selected, you will only be able to represent the region your child actually attends in September 2007.

School Number, School Name and School Address – It is important that you provide accurate school information. Contact your child's school if you are unsure about any of these items. This section must be completed for each child.

Example Part A, Section III

III. Student Verification Information			
	Child #1	Child #2	Child #3
Student's Name	John Smith	Sally Smith	
Relationship to Student	Mother	Mother	
Student's Grade	4 th	10 th	
School Number	PS 45	HS 480	
School Name	Horace Green	Bushwick	

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School Address	84 Schaefer Street Brooklyn, NY 11207	400 Irving Avenue Brooklyn, NY 11237	
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IV. **Eligibility Verification** – Answer the questions provided. If conditionally selected, additional questions may be asked to confirm eligibility. Chancellor Regulations D-140, D-150 and D-160 document the eligibility requirements for Community and Citywide Education Council members. The complete regulations can be found online at <http://schools.nyc.gov/Councils>. A summary of the eligibility requirements is provided below. By submitting an application, you are indicating that you have read and understand the eligibility requirements.

Field Code Changed

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 Special Education (CCSE) – Only parents of students receiving citywide special education services (i.e., students in District 75) are eligible to serve on the CCSE.
- For Citywide Council on High Schools (CCHS) – Parents of public high school students are eligible to serve on the CCHS in the region in which their child attends school.

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?

- PA/PTA officers from any Department of Education (DOE) school;
- 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 Citywide Council on Special Education, or the Citywide Council on High Schools; and
- 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.

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PART B

- I. **Child Program Information** – For each child, please indicate their school name, school number and the program in which they are currently enrolled. Again, do NOT place your child's name anywhere in Part B.
- II. **Applicant Background** – Provide appropriate background and activities that qualify you to serve as a parent member of a Community or Citywide Education Council. If you are applying to more than one Council and would like to submit separate backgrounds for each Council, please feel free to use additional pages, clearly indicating which background applies to which Council.
- III. **Personal Statement** – Your personal statement should be written to explain why you want to serve on a Community or Citywide Education Council and why you would be effective.

PART C

Certification – It is critical that you print your name, provide a current phone number where you can be reached and sign the certification page. Until DOE has received this certification page, you will not be considered a valid candidate for any Council.

OPTIONAL INFORMATION

The questions listed on the last page of the application are optional. This is the only portion of the application you may choose not to complete. Responses to these questions are aimed at understanding the effectiveness of various communication tools. The responses will assist the DOE with future outreach.

Important: Please follow directions when completing this financial disclosure form.

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The following information will be reviewed by the Department of Education. It is designed to obtain information in order to determine whether you have a conflict of interest under the NYC Conflicts of Interest Law. If conditionally selected, you may be asked to provide additional information.

I. Applicant Information

Indicate the Community and/or Citywide Education Councils to which you have applied. Check all that apply.

- Community Education Council for District(s) 15 Region 8
- Citywide Council on Special Education (For District 75 parents ONLY)
- Citywide Council on High Schools for Region(s) _____

Parent / Guardian Name _____

Parent / Guardian Street Address _____ Apt. # _____

City / Borough _____

Tel. Home _____

II. Applicant's Employer

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

- From which you received more than \$1,000 for services performed or for goods sold or produced during 2006-2009, and/or
- Of which you were a paid member, officer, director, trustee or employee during 2006-2009.

Clearly indicate "NA" if the section is not applicable.

Name of Employer	Title / Relationship	Does employer do business with the DOE, including ROCs or CSDs? (Yes, No or Unknown)	If applicable, description of employer's business dealings with DOE, ROC or CSD
Example: Staples	Store Manager	Yes	Sells supplies to DOE but not CSD 32

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III. 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 "NA" if the section is not applicable.

Name of Entity	Ownership Percentage/ Investment Amount	Position Held	Does the entity have any business dealings with the DOE, ROC or CSD? (Yes, No or Unknown)
Example: Jones Supply Company	52%	President	No

IV. Investments of 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 you hold a position with the company (e.g., officer, director, employee).

Clearly indicate "NA" if the section is not applicable.

Spouse, Registered Domestic Partner, or Child's Name and Relation to You	Name of Entity	Ownership Percentage/ Investment Amount	Position Held	Does the entity have any business dealings with the CSD? (Yes, No or Unknown)
Example: James Smith/ Husband	Example: Jones Supply Company	52%	President	No

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VI. Certification

I, _____ certify that all information given herein is true accurate
(Print Name)

the best of my knowledge.

From Section 175.30 of the 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 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 financial disclosure 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.

Signature

Date

Send your completed financial disclosure form via:

Mail or hand-delivery to:	Fax or email to:
Romaine Smith 131 Livingston Street, room 301 Brooklyn, NY 11201	Romaine Smith 718-935-4356 Rsmith45@schools.nyc.gov

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Please follow these instructions carefully to help ensure accurate processing of your form.

The information provided on this Financial Disclosure Form will be reviewed by the Department of Education in determining whether you have a conflict of interest under the NYC Conflict of Interest Law. Additional information may be requested from those individuals who are conditionally selected.

- I. **Applicant Information** – Indicate the Council(s) to which you are applying. Then complete your current contact information. The information you provide will be used to contact you, as necessary, throughout the selection process.
- II. **Applicant's Employer** – Identify the name of your employer. Indicate your title/relationship to the employer (e.g., owner, partner, officer, director, trustee, employee, shareholder). Do not list employer's individual clients or customers. State whether the employer does business with the Department of Education. Describe your employer's business dealings with the Department of Education, your Integrated Service Center (ISC) and/or your community school district (CSD).
- III. **Investments** – Identify the name of the entity and the amount of your investment or ownership percentage. List the position held or relationship to the entity (e.g., owner, partner, officer, director, trustee, employee, shareholder). Lastly, identify whether or not the entity has any business dealings with the DOE, your Integrated Service Center (ISC) and your community school district (CSD).
- IV. **Investments for Spouse or Registered Domestic Partner and Unemancipated Children** – Identify the name of the entity and the amount of investment or ownership percentage any of these individuals maintains. List any positions held in the entity by your spouse, registered domestic partner or unemancipated children (e.g., owner, partner, officer, director, trustee, employee, shareholder). Lastly, identify whether or not the entity has any business dealings with your community school district (CSD).
- V. **Volunteer Positions** – For each organization listed, identify the name, nature of organization (e.g., a voluntary association or a for-profit or not-for-profit corporation) and list your title/relationship (e.g., officer, director or trustee). State what type of business dealings the organization has with the DOE, your Integrated Service Center (ISC) and your community school district (CSD).
- VI. **Certification** – It is critical that you print your name and sign the certification page.