



# 2023-2025 Vacancy Application – NYC EDUCATION COUNCILS

July 1, 2023 - June 30, 2025 Term

## SECTION I: APPLICANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Indicate the Community Education Council to which you are applying: See “Who IS ELIGIBLE TO APPLY” in the instructions on page 8.

- Community Education Council (CEC) District: \_\_\_\_\_
- Citywide Council on High Schools (CCHS) Borough: \_\_\_\_\_
- Citywide Council on Special Education (CCSE)
- Citywide Council on English Language Learners (CCELL)
- Citywide Council for District 75 (CCD75)

## STUDENT VERIFICATION

Student 1

Student Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Student Grade: \_\_\_\_\_ School Name/DBN: \_\_\_\_\_

### Student 1 Programs(s)

- |  |  |
|--|--|
| <input type="checkbox"/> General Education               | <input type="checkbox"/> ESL/Dual Language   |
| <input type="checkbox"/> Special Education Services /IEP | <input type="checkbox"/> District 75 program |

Student 2

Student Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Student Grade: \_\_\_\_\_ School Name/DBN: \_\_\_\_\_

### Student 2 Programs(s)

- |  |  |
|--|--|
| <input type="checkbox"/> General Education               | <input type="checkbox"/> ESL/Dual Language   |
| <input type="checkbox"/> Special Education Services /IEP | <input type="checkbox"/> District 75 program |

Student 3

Student Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Student Grade: \_\_\_\_\_ School Name/DBN: \_\_\_\_\_

### Student 3 Programs(s)

- |  |  |
|--|--|
| <input type="checkbox"/> General Education               | <input type="checkbox"/> ESL/Dual Language   |
| <input type="checkbox"/> Special Education Services /IEP | <input type="checkbox"/> District 75 program |



### ELIGIBILITY VERIFICATION

Answer the questions below. Additional questions may be asked to confirm your eligibility. Review the eligibility requirements provided in the application Instructions. **Do not leave any section blank.**

Are you currently employed by the Department of Education?

YES  NO

If yes, please indicate your title and location of your job:

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?

YES  NO

If yes, please describe:

Have you ever been convicted of, or pleaded guilty/no contest to, a misdemeanor or felony offense in this state or elsewhere? Note: You are not required to disclose violations, infractions, or offenses that were dismissed, expunged, or sealed; or youthful offender offenses or cases adjudicated as a youthful offender.

YES  NO

If yes, please describe:

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?

YES  NO

If yes, please describe:

For FACE use only:



SECTION II: APPLICANT PUBLIC PROFILE

All the information in this section, separate from the rest of the application, will be made available to the Council.

Applicant Name

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Student 1 – List only schools; do not list students’ names.

School Name: \_\_\_\_\_

School DBN: \_\_\_\_\_

Student 1 Programs(s)

- |  |  |
|--|--|
| <input type="checkbox"/> General Education               | <input type="checkbox"/> ESL/Dual Language   |
| <input type="checkbox"/> Special Education Services /IEP | <input type="checkbox"/> District 75 program |

Student 2

School Name: \_\_\_\_\_

School DBN: \_\_\_\_\_

Student 2 Programs(s)

- |  |  |
|--|--|
| <input type="checkbox"/> General Education               | <input type="checkbox"/> ESL/Dual Language   |
| <input type="checkbox"/> Special Education Services /IEP | <input type="checkbox"/> District 75 program |

Student 3

School Name: \_\_\_\_\_

School DBN: \_\_\_\_\_

Student 3 Programs(s)

- |  |  |
|--|--|
| <input type="checkbox"/> General Education               | <input type="checkbox"/> ESL/Dual Language   |
| <input type="checkbox"/> Special Education Services /IEP | <input type="checkbox"/> District 75 program |

Student 4

School Name: \_\_\_\_\_

School DBN: \_\_\_\_\_

Student 4 Programs(s)

- |  |  |
|--|--|
| <input type="checkbox"/> General Education               | <input type="checkbox"/> ESL/Dual Language   |
| <input type="checkbox"/> Special Education Services /IEP | <input type="checkbox"/> District 75 program |

## SECTION II: APPLICANT PUBLIC PROFILE (continued)

### Candidate Statement

Describe school related, community, or civic activities in which you participated that you believe will make you a strong candidate.

SECTION III

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 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)	Job title or brief job description. Do you have any interaction with DOE? If yes, describe and indicate whether you work in the Community School District where you are applying.	Does employer do business with DOE, including Community School Districts? Answer: Yes, No, or Unknown	If applicable, provide a description of employer's business dealings with the DOE, including Community School Districts
<i>Example: Staples</i>	<i>Example: Store Manager</i>	<i>Example: Yes</i>	<i>Example: Sells supplies to DOE, but not district X</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.  N/A

NAME OF ORGANIZATION	TYPE OF ORGANIZATION	Title or brief description of your volunteer activity. Do you have any interaction with DOE? If yes, describe and indicate whether you volunteer in the Community School District where you are applying	Does the organization do business with DOE, including Community School Districts? Answer: Yes, No, or Unknown
<i>Example: Tree Top Inc.</i>	<i>Example: Cooperative Nursery</i>	<i>Example: President</i>	<i>Example: No</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 (example: officer, director, employee).

Clearly indicate “N/A” if the section is not applicable.  N/A

NAME OF ENTITY	OWNERSHIP PERCENTAGE / INVESTMENT AMOUNT	POSITION HELD	Does entity do business with the DOE, including Community School Districts? Answer: Yes, No, or Unknown
<i>Example: Jones Supply Company</i>	<i>Example: 52%</i>	<i>Example: President</i>	<i>Example: NO</i>

**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 (example: officer, director, or employee).

Clearly indicate “N/A” if the section is not applicable.  N/A

SPOUSE, REGISTERED DOMESTIC PARTNER, OR CHILD’S NAME AND RELATION	NAME OF ENTITY	OWNERSHIP PERCENTAGE / INVESTMENT AMOUNT	POSITION HELD	Does entity do business with the DOE, including community school districts? Answer: Yes, No, or Unknown
<i>Example: James Smith/Husband</i>	<i>Example: Jones Supply Company</i>	<i>Example: 52%</i>	<i>Example: President</i>	<i>Example: NO</i>



CERTIFICATION

I, (print name) \_\_\_\_\_, certify that all information provided is true and accurate to 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 a NYC Education Council.

By signing this page, I am verifying that I have read and understand the eligibility requirements for serving on a Community or Citywide Education Council and my responsibilities as a member should I be elected.

I UNDERSTAND THAT IF I AM ELECTED, I AM REQUIRED TO

- Work without compensation (this is a volunteer position).
- Attend the council’s monthly meetings and other meetings or hearings that are relevant to the work of the Council; and participate in committees.
- Be driven by the needs of all students not just those of my own child.
- Be sensitive to the needs of families with diverse cultures and languages.
- Collaborate with all members of my Council as well as DOE staff.
- Participate in training programs at least once a year.
- Commit to work diligently to improve our public school system.

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

TELEPHONE NUMBER: \_\_\_\_\_

E-SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT APPLICANT NAME: \_\_\_\_\_



## SUBMISSION INSTRUCTIONS

This application requests information that should be kept confidential (e.g. names of children, your home address). Please e-mail the completed application to the Office of Family and Community Empowerment (FACE) at [CCECInfo@schools.nyc.gov](mailto:CCECInfo@schools.nyc.gov) or mail it to 52 Chambers Street, room 405, New York, NY 10007. Please do not send it to the Education Council.

## 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, go to <https://www.schools.nyc.gov/find-a-school> and type the school’s name into the search box. Once you have located the correct school, input the district number, the borough and the school number. Please use: M = Manhattan; X = Bronx; K = Brooklyn; Q = Queens; R = Staten Island.

### 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: <https://www.schools.nyc.gov/about-us/policies/chancellors-regulations>. 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 currently receiving special education services provided by and/or paid for by the Department of Education (DOE).
- For Citywide Council for District 75 (CCD75) - Parents of students currently enrolled in a citywide (D75) program or school.
- For Community Education Councils (CECs) - Parents of students in grades Kindergarten through 8th, or in a Pre-K program, who currently attend a non-charter public school or Pre-K program in the district where the applicants wish to serve on the CEC. Once elected, parents of students in grades Kindergarten through 8 at the time of application are allowed to serve out the two-year term regardless of where the student attends school. Parents of students in a Pre-K program at the time of application are ineligible to serve if their child no longer attends a school or pre-K program in the district in which the parent serves on the CEC.

Consistent with the Chancellor's Regulations, a parent is defined as a parent, legal 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.
- Members of the Panel for Educational Policy.
- Persons who are determined to have a conflict of interest by the DOE Ethics Officer or another designee of the Chancellor.

**Who may not be eligible to serve:**

- Persons who have received an official letter of removal from a PA/PTA, a School Leadership Team, a District or Borough Presidents' Council, a Title I PAC, a community school board, a Community Education Council, the Citywide Council on High Schools, the Citywide Council on English Language Learners, the Citywide Council for District 75, or the Citywide Council on Special Education, for an act of malfeasance, or have been convicted of a crime, directly related to service on such association, team, council, or committee.
- Persons who have been convicted of a crime may be ineligible to serve. Any such conviction shall be considered in accordance with article twenty-three-A of the correction law in determining eligibility to serve.