



Las Cruces Public Schools

Declaration of Interest Form
Election to School Advisory Councils

I am interested in being elected to the School Advisory Council for this school. I understand the following requirements:

- 1. All candidates must be 18 years of age or older.
2. Candidates for the "Employee" position must work at this school.
3. Candidates for the "Parent/Guardian" position:
- Must live within the school's attendance zone or have a child enrolled in this school; and
- Are not a member of this school's staff.
4. Candidates for the "Community/Business" position can live inside or outside the school's attendance zone but must reside within the Las Cruces School District.
5. This declaration of interest form will be available for the public's review.
6. The term on the Council will be for two years.

COMPLETE THE FOLLOWING INFORMATION (Please Print):

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

Candidate Name (as it will appear on the ballot): \_\_\_\_\_

Address: \_\_\_\_\_
City, State, Zip

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please indicate if phone/e-mail are private: [ ] Private Phone [ ] Private E-mail

I am submitting my name as a candidate representing the following category (select only one):

[ ] LCPS Employee (Certified or Classified) [ ] Parent/Guardian [ ] Community/Business

I AM INTERESTED IN BEING ELECTED BECAUSE:

Large empty box for writing reasons for interest in being elected.

MY CURRENT OR PREVIOUS INVOLVEMENT WITH THIS SCHOOL OR OTHER SCHOOLS INCLUDES (examples: PT/A/PTO, school community, fundraising group, school volunteer, tutor, business partner, etc.)

Large empty box for writing current or previous involvement with schools.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Witness: \_\_\_\_\_ Date Filed at School: \_\_\_\_\_