



BUILDING RELATIONSHIPS WITH TOMORROW'S LEADERS
WE ARE SD81

**Schiller Park School District 81
Member of the Board of Education Application**

Date: _____

Name: _____

Address: _____

Email: _____

Please answer the following questions by checking "yes" or "no"

| Question | YES | NO |
|---|-----|----|
| 1. Are you a U.S. citizen? | | |
| 2. Are of the age of 18 or older? | | |
| 3. Are you a resident of the State of Illinois? | | |
| 4. Are you a resident of School District 81 for at least one year? | | |
| 5. Are you a registered voter, as provided by general election law? | | |

Please briefly explain why you desire to be a member of the Schiller Park School District 81 Board of Education and the strengths you bring to the position:

MY SIGNATURE BELOW ATTESTS TO MY ACKNOWLEDGMENT OF THE ACCURACY OF THE RESPONSES ABOVE:

Signature

Date