

**PETITION FOR NOMINATION
FOR SCHOOL BOARDS WHICH ELECT FROM DISTRICTS RATHER THAN AT -LARGE OR BY TOWNSHIP
(LEAVE OUT THE INAPPLICABLE PART)**

**TO THE SECRETARY OF THE BOARD OF EDUCATION (OR BOARD OF DIRECTORS) OF
SCHOOL DISTRICT IN COUNTY, ILLINOIS**

We, the undersigned, being (or more) (or 10% or more) (or 5% or more) of the voters residing within district, (specify district number 1 – 7) hereby petition that who resides at in the City, Village, Unincorporated Area (circle one) of (if unincorporated, list municipality that provides postal service) in said district shall be a candidate for the office of the Board of Education (or Board of Directors) full term or year vacancy (circle one) District (specify district 1-7) to be voted for at the Consolidated Election to be held on (date of election).

If required pursuant to 10 ILCS 5/10-5.1, complete the following (this information will appear on the ballot)

FORMERLY KNOWN AS UNTIL NAME CHANGED ON
(List all names during last 3 years) (List date of each name change)

NAME	(VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1				IL
2				IL
3				IL
4				IL
5				IL
6				IL
7				IL
8				IL
9				IL
10				IL

State of Illinois) SS.
County of)

I, (Circulator's Name) do hereby certify that I reside at (Street Address) in the (City/Village/Unincorporated Area) of (if unincorporated, list municipality that provides postal service) (Zip Code)

County of , State of , that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political subdivision in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by (Circulator's Signature) before me, on (Name of Circulator) (insert month, day, year)

(SEAL)

(Notary Public's Signature)