



2023-2025 CCHS Appointee Application

NYC EDUCATION COUNCILS

July 1, 2023 - June 30, 2025 Term

SUMMARY OF ELIGIBILITY REQUIREMENTS:

The Citywide Council on High Schools consists of thirteen voting members and one non-voting student. Of the voting members, ten must be elected parents of public high school students, and three are appointees. Of the three appointees, one must be a parent of a public high school student with an Individualized Education Program(IEP), appointed by the Citywide Council on Special Education (CCSE); and one must be a parent of a student attending a public high school who is an English Language Learner (“ELL”). An ELL is a student whose home language is not English and who is enrolled in a dual language, transitional bilingual education, or English as a New Language (ENL) program because the student needs support learning English.

Chancellor’s Regulation D-160 sets forth the complete eligibility criteria for membership in the CCHS, and can be found [online](#).

WHO IS ELIGIBLE TO APPLY:

This application can only be used to apply for the position of CCSE or CCELL Appointee to CCHS. If you wish to apply for the Public Advocate Appointee position, you must download and complete a different [application](#).

SECTION I: APPLICANT INFORMATION

First Name	Last Name
Home Address	
Email	Phone

Indicate the CCHS Appointee Position to which you are applying: See “WHO IS ELIGIBLE TO APPLY” above.

Citywide Council on English Language Learners (CCELL) Appointee

Citywide Council on Special Education (CCSE) Appointee



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STUDENT VERIFICATION

List each DOE high school where you currently have a child in attendance. See "Finding the DBN for your Child's School" on the instructions page.

Student 1

STUDENT NAME	
RELATIONSHIP TO CHILD	
STUDENT GRADE	
SCHOOL NAME/DBN	

STUDENT PROGRAM(S)

- Special Education Services / IEP
- ENL/Transitional Bilingual/Dual Language

Student 2

STUDENT NAME	
RELATIONSHIP TO CHILD	
STUDENT GRADE	
SCHOOL NAME/DBN	

STUDENT PROGRAM(S)

- Special Education Services / IEP
- ENL/Transitional Bilingual/Dual Language

Student 3

STUDENT NAME	
RELATIONSHIP TO CHILD	
STUDENT GRADE	
SCHOOL NAME/DBN	

STUDENT PROGRAM(S)

- Special Education Services / IEP
- ENL/Transitional Bilingual/Dual Language



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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.**

	YES	NO
Are you currently employed by the Department of Education? If yes, please indicate your title and location of your job below:		

	YES	NO
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 below. If yes, please describe below.		

	YES	NO
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. If yes, please describe below.		

	YES	NO
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? If yes, please describe below.		



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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 appointing council.

Applicant Name

First Name	Last Name
Email	Phone Number

Student 1 List only schools; do not list students' names

SCHOOL NAME	
SCHOOL DBN	

- STUDENT PROGRAM(S)
- Special Education Services / IEP
 - ENL/Transitional Bilingual/Dual Language

Student 2

SCHOOL NAME	
SCHOOL DBN	

- STUDENT PROGRAM(S)
- Special Education Services / IEP
 - ENL/Transitional Bilingual/Dual Language

Student 3

SCHOOL NAME	
SCHOOL DBN	

- STUDENT PROGRAM(S)
- Special Education Services / IEP
 - ENL/Transitional Bilingual/Dual Language



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SECTION II: APPLICANT PUBLIC PROFILE (Cont'd)

Candidate Statement

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



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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>



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CERTIFICATION

I, _____, certify that all information provided is true and accurate to
(PRINT NAME ABOVE)
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:

(EMAIL ADDRESS)

E-SIGNATURE (PRINT APPLICANT NAME)

DATE



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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 councilapplications@schools.nyc.gov. Please do not send it to the Citywide Council on High Schools, the Citywide Council on Special Education, or the Citywide Council on English Language Learners.

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.

Who is eligible to apply:

You must be a parent of a current high school student.

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:

NYS Education Law and Chancellor's Regulations prohibit certain individuals from serving on CCHS. The complete list is found in Chancellor's Regulations D-160. If you fall in any of the listed categories, you will not necessarily be disqualified. You may be contacted by a representative of the NYCDOE for additional information, and you may still be allowed to serve.