

**INSTRUCTIONS TO COMPLETE
APPLICATION FOR
LOCAL BOARD OF EDUCATION APPOINTMENT**

Rev Jan. 2019

Thank you for your interest in appointment to your local board of education. Local school board members are important leaders in the community and share the responsibility for advancing the educational experience and outcomes for all students in the district.

To apply, you must:

1. Complete pages 1-4 of the application.
2. On page 3, the County Clerk must sign to verify voter registration and residency.
3. On page 4, you must provide permission for the Kentucky Department of Education to obtain a criminal history record. Include witness signatures.
4. Attach a high school transcript demonstrating completion of courses through the twelfth (12) grade, or, if appropriate, the results of a twelfth (12) grade equivalency examination. (A diploma or college transcript is not acceptable.)
5. Attach a current resume.

Send completed 4-page application, with transcript and resume to:

Kentucky Department of Education
Commissioner of Education
c/o Office of Legal Services
300 Sower Blvd, 5th Floor
Frankfort, KY 40601

12. Have you completed at least the twelfth grade or been issued a high school equivalency diploma? Yes No

13. Please circle the highest grade of formal education you have completed:

GRADE SCHOOL
1 2 3 4 5 6 7 8

HIGH SCHOOL
9 10 11 12

COLLEGE
1 2 3 4

GRADUATE SCHOOL
1 2 3 4

NOTE: APPLICATION MUST INCLUDE HIGH SCHOOL TRANSCRIPT DEMONSTRATING COMPLETION OF COURSES THROUGH THE TWELFTH (12) GRADE, OR, IF APPROPRIATE, THE RESULTS OF A TWELFTH (12) GRADE EQUIVALENCY EXAMINATION. (A DIPLOMA OR COLLEGE TRANSCRIPT IS NOT ACCEPTABLE.)

High School Attended	Address	Dates Attended/Graduated
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College/University Attended	Address	Dates Attended/Degree
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Graduate Schools Attended	Address	Dates Attended/Degree
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14. List schools or school related activities in which you are currently involved or with which you have had previous involvement _____

15. Work Experience (Please provide employment history and attach current résumé.)

a. _____
Current Employer Address

_____ Date of Employment Duties

b. _____
Previous Employer Address

_____ Dates of Employment Duties

c. _____
Previous Employer Address

_____ Dates of Employment Duties

16. Please describe your understanding of and commitment to public education in Kentucky.

SIGNATURE _____ DATE _____

The Kentucky Department of Education does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, religion, age or disability in employment or provision of services.

**COUNTY CLERK'S CERTIFICATION
RESIDENCE AND VOTER REGISTRATION
FOR SCHOOL BOARD APPOINTMENT**

COUNTY CLERK: PLEASE COMPLETE THIS FORM AS IT APPLIES TO
THE LEGAL RESIDENCE STATUS OF THE APPLICANT FOR

COUNTY SCHOOL DISTRICT

_____ who resides at _____
Name Address

IS A RESIDENT OF AND REGISTERED VOTER OF
EDUCATION DIVISION # _____

in the _____ County School District

OR

INDEPENDENT SCHOOL DISTRICT

_____ who resides at _____
Name Address

IS A RESIDENT OF AND REGISTERED VOTER IN

the _____ Independent School District

Certified by: _____

_____ County Clerk's Office Date: _____

**NOTE: THIS FORM MUST BE COMPLETED BY THE COUNTY CLERK AND RETURNED TO
THE COMMISSIONER OF EDUCATION ALONG WITH THE OTHER THREE (3) PAGES OF
THE APPLICATION.**



REQUEST FOR CONVICTION RECORDS-EMPLOYMENT/PROFESSIONAL LICENSE

Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information is released to:

Kentucky Commissioner of Education, 300 Sower Blvd, 5th Floor, Frankfort, KY 40601

Agency/Organization Name and Address

ACKNOWLEDGMENT BY APPLICANT

I am requesting that the Kentucky State Police provide the above named agency/organization with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State Police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION (Please Print)

NAME: _____
 First Middle Last Maiden

ADDRESS: _____
 Street City State Zip

SEX: ____ RACE: ____ DATE OF BIRTH: _____ SOC SEC NO: _____

Signature Date Witness Date

NOTE: PLEASE BE SURE ALL INFORMATION IS COMPLETE AND CORRECT AND RETURN ALL FOUR (4) PAGES OF THIS APPLICATION ALONG WITH A COPY OF HIGH SCHOOL TRANSCRIPT TO:

Kentucky Department of Education
Commissioner of Education
C/O Office of Legal Services
300 Sower Blvd, 5th Floor
Frankfort, KY 40601