



## Parent Member Application – Panel for Educational Policy

### January 15 - June 30, 2023 Term

The Panel for Educational Policy includes 5 parent members, one per borough, elected by the Presidents of the Community Education Councils representing that borough. Your eligibility is determined by the borough in which you reside, and you must have at least one child attending an NYC public school at the time of application.

#### SECTION I

##### APPLICANT INFORMATION

The information in this section determines your eligibility for the position. It will not be shared with the Nominating Committee.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Borough: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

##### STUDENT VERIFICATION

In the next section, you will have the opportunity to list all the schools attended by your child(ren), currently or in the past. For the purpose of verifying your eligibility, however, you need only list one child currently attending an NYC public, non-charter school. The child may be in any grade.

☐ I certify that I have read the **Instructions** on the last page and understand that I will be disqualified if I am not the parent, as defined therein, of the child listed below.

Student Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Student Grade: \_\_\_\_\_ School Name/DBN\*: \_\_\_\_\_

\*Please list both the name of the school and the 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. M=Manhattan; X = Bronx; K = Brooklyn; Q = Queens; R = Staten Island.



## SECTION I (continued)

### ELIGIBILITY VERIFICATION

Answer the questions below. Additional questions may be asked to confirm your eligibility. Review the eligibility requirements in the **Instructions** at the end of the application. **Do not leave any section blank.**

Are you currently employed in any capacity by the City of New York or a subdivision thereof, or by the NYC Department of Education?

☐

**YES**

☐

**NO**

If yes, please indicate your title and location of your job:

Are you a member, officer or employee of any public corporation, authority, or commission where the mayor of New York City has a majority of the appointments?

☐

**YES**

☐

**NO**

If yes, please describe:



## SECTION II (For the Nominating Committee)

All parts of this section, separate from the rest of the application, will be made available to the Nominating Committee.

### APPLICANT PROFILE

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

In this section, you are being asked for information that will help the Nominating Committee evaluate the extent of your experience with NYC public schools. You should list all the schools your children have attended (including the school you listed in Section I). You also have the option of listing special programs.

#### Schools/Programs

SCHOOL NAME and DBN: \_\_\_\_\_

Grade(s)/Date(s) attended: \_\_\_\_\_

SCHOOL NAME and DBN: \_\_\_\_\_

Grade(s)/Date(s) attended: \_\_\_\_\_

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SCHOOL NAME and DBN: \_\_\_\_\_

Grade(s)/Date(s) attended: \_\_\_\_\_

SCHOOL NAME and DBN: \_\_\_\_\_

Grade(s)/Date(s) attended: \_\_\_\_\_

SCHOOL NAME and DBN: \_\_\_\_\_

Grade(s)/Date(s) attended: \_\_\_\_\_

#### Student program(s) Optional

- |  |  |
|--|--|
| <input type="checkbox"/> General Education               | <input type="checkbox"/> ESL/ENL             |
| <input type="checkbox"/> Special Education Services /IEP | <input type="checkbox"/> District 75 program |
| <input type="checkbox"/> Dual Language                   | <input type="checkbox"/> G&T                 |

## SECTION II (continued)

### APPLICANT'S LEADERSHIP EXPERIENCE

In this section, you are being asked to provide information about your service as a parent leader at any level. Please check all that apply and include the relevant school/district number/Citywide Council name(s) along with date(s) of service.

- ☐ PA/PTA Executive Board  
School and Date(s) of service: \_\_\_\_\_
- ☐ School Leadership Team  
School and Date(s) of service: \_\_\_\_\_
- ☐ District Leadership Team  
District and Date(s) of service: \_\_\_\_\_
- ☐ Community Education Council  
District and Date(s) of service: \_\_\_\_\_
- ☐ Citywide Education Council  
Council Name and Date(s) of service: \_\_\_\_\_
- ☐ Chancellor's Parent Advisory Council  
District and Date(s) of service: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_  
School/District/Other and Date(s) of service: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_  
School/District/Other and Date(s) of service: \_\_\_\_\_

## SECTION II (continued)

### APPLICANT'S STATEMENT

Please answer both questions:

- 1. What do you understand to be the role of the Panel for Educational Policy (PEP)? What is its authority?**

- 2. What experiences, knowledge, skills and/or expertise will you bring to the Panel for Educational Policy (PEP)?**

### SECTION III

Please answer all questions truthfully and completely. This information will be used to review your application for conflicts of interest and will not be shared with the Nominating Committee.

#### APPLICANT'S EMPLOYMENT

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

Check "N/A" if this 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 a Community School District.	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</i>

### SECTION III (continued)

#### 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.

Check "N/A" if this 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 a Community School District.	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>

#### APPLICANT'S INVESTMENTS

List any entity in which you have an ownership interest of at least 5% or \$10,000 (whichever is less) as of the date you are completing this form. Do NOT list any publicly traded company, unless you hold a position with the company (example: officer, director, employee).

Check "N/A" if this section is not applicable. ☐ N/A

NAME OF ENTITY	OWNERSHIP PERCENTAGE/ INVESTMENT AMOUNT	POSITION HELD	Does entity do business with the DOE, including Community School Districts? Answer: Yes, No, or Unknown
<i>Example: Jones Supply Company</i>	<i>Example: 52%</i>	<i>Example: President</i>	<i>Example: NO</i>



### SECTION III (continued)

#### INVESTMENTS OF APPLICANT’S SPOUSE OR REGISTERED DOMESTIC PARTNER AND UNEMANCIPATED CHILDREN

List any entity in which your spouse or registered domestic partner and unemancipated children have an ownership interest of at least 5% or \$10,000 (whichever is less) as of the date you are completing this form. Do NOT list any publicly traded company, unless they hold a position with the company (example: officer, director, or employee).

Check “N/A” if this section is not applicable. ☐ N/A

SPOUSE, REGISTERED DOMESTIC PARTNER, OR CHILD’S NAME AND RELATION	NAME OF ENTITY	OWNERSHIP PERCENTAGE/ INVESTMENT AMOUNT	POSITION HELD	Does entity do business with the DOE, including community school districts? Answer: yes, no, or unknown
<i>Example: James Smith/Husband</i>	<i>Example: Jones Supply Company</i>	<i>Example: 52%</i>	<i>Example: President</i>	<i>Example: NO</i>



## CERTIFICATION

I, (print name) \_\_\_\_\_, certify that all information provided is true and accurate to 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 the Panel for Educational Policy (PEP).

By signing this page, I am verifying that I have read and understand the eligibility requirements for serving on the Panel for Educational Policy and, should I be elected, will work diligently to fulfill my responsibilities as a parent member elected by the presidents of the Community District Education Councils.

I can be reached at the following telephone number should there be any questions related to my application:

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

E-SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT APPLICANT NAME: \_\_\_\_\_

**SUBMIT COMPLETED APPLICATION by November 15, 2022**

BY EMAIL: [PEPParentApplications@schools.nyc.gov](mailto:PEPParentApplications@schools.nyc.gov)

**Please include your name and “PEP Parent Member Application” in the subject line**

FOR QUESTIONS EMAIL: [PEPParentApplications@schools.nyc.gov](mailto:PEPParentApplications@schools.nyc.gov)



## 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.

### Summary of eligibility requirements:

Chancellor's Regulation D-200 states the eligibility requirements for members of the Panel for Educational Policy, including the parents elected by the presidents of the 32 Community Education Councils (CECs). The complete regulation can be found online at: <https://www.schools.nyc.gov/school-life/policies-for-all/chancellors-regulations> Eligibility is determined at the time of application.

### Who is eligible to apply:

Any parent of a child currently attending any grade of an NYC public, non-charter school.

*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:

Persons who are employed in any capacity by the city of New York or a subdivision thereof or the city board.

Persons who are members, officers or employees of any public corporation, authority, or commission where the mayor of New York City has a majority of the appointments.

Persons who are determined to have a conflict of interest by the DOE Ethics Officer or another designee of the Chancellor.