TO THE COUNTY CLERK OR COUNTY BOARD OF ELECTION COMMISSIONERS HAVING JURISDICTION OVER
_____ **SCHOOL DISTRICT NUMBER** _____**IN** _____ **COUNTY, ILLINOIS**

We, the undersigned, being (_____ or more) (or 10% or more) (or 5% or more) of the voters residing within said district, hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (If unincorporated, list municipality that provides postal service) in Township _____ in said district shall be a candidate for the office of _____ full term *or* ____ *year* vacancy (circle one) of the Board of Education (or Board of Directors) 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	
11		IL	
12		IL	

State of _____   )
)   SS.
County of _____   )

I, _____ do hereby certify that I reside at _____,
            (Circulator's Name)   (Street Address)
in the _____ of _____, _____,
    (City/Village/Unincorporated Area)   (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 division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

                                          _____
                                                        (Circulator's Signature)

Signed and sworn to (or affirmed) by _____before me, on _____.
                                          (Name of Circulator)   (insert month, day, year)

        (SEAL)   _____
                                                        (Notary Public's Signature)

                        SHEET NO. _____