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| <b>COAST UNIFIED SCHOOL DISTRICT BOARD TRUSTEE APPLICANT<br/>QUALIFICATION FORM</b> |
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Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Length of Residence in District: \_\_\_\_\_

Last 4 (four digits) of Drivers License Number: \_\_\_\_\_

Children in District (Y/N): \_\_\_\_\_

If Yes, Schools Attended or Attending and Dates: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I \_\_\_\_\_ hereby certify I am a qualified voter and resident of the Coast Unified School District in the County of San Luis Obispo, in the state of California, and wish to be considered for appointment to fill an unexpired vacancy in the Board of Trustees of the District. The term expires on December 17, 2020. The appointed candidate may seek election at the November 3, 2020 election for an additional term.

I hereby certify that I meet all legal requirements to be a School Board Member of the Coast Unified School District.

I hereby certify that the information I have presented in the submitted application packet is complete, accurate and true to the best of my knowledge, and hereby authorize the Board of Education to verify this information as may be required. I understand that all application materials I have submitted are subject to the laws governing public information.

I understand that the District will review my offender status in the "Megan's Law" database. I further agree that if I am appointed to fill the Board vacancy, I will obtain fingerprint clearance through the Department of Justice and Federal Bureau of Investigation within one month of appointment and prior to visiting any District school sites when students are present.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date