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| logo_forms | | Wisconsin Department of Public Instruction  **ADVISORY COMMITTEE NOMINATION**  PI-1070 (Rev. 06-17) | | | | | **INSTRUCTIONS:** Complete Sections II through IV and submit to:  **WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**  **ATTN:** **CHARTER SCHOOL PROGRAM**    **PO BOX 7841**  **MADISON, WI 53707-7841** | | | | | |
| Section 15.04(1)(c), Wisconsin Statutes, authorizes the head of a department or independent agency to create and appoint such councils or committees as required in the operation of the department. Members of councils and committees created under this general authority, including statutory councils, shall serve without compensation but may be reimbursed for actual and necessary expenses. All groups created by the state superintendent or authorized by statute are considered the state superintendent’s advisory councils.  Nominees to serve on state superintendent’s advisory councils should reflect an overall representation when assessed in terms of geographic location, and racial and gender balance. All nominees must be knowledgeable of the purpose for the committee to which they are being appointed and willing to commit to the time needed to accomplish the work involved. | | | | | | | | | | | |
|  | | | | | I. GENERAL INFORMATION *For DPI Completion* | |  | | | | |
| Committee Name  State Superintendents Advisory Council on Charter Schools | | | | | | DPI Liaison  Nico Mittnacht | | | | | |
| Committee established by  State Requirement  Federal Regulations  DPI Identified Need  Governor’s Office  Joint State Agency Planning Effort  Other Specify | | | | | | | | | | | |
| Committee Status is regarded as  Permanent  Temporary | | | | | | Number of Meetings Planned *Per Year*  2+ | | | | Total Membership  22 | |
| Mission of Committee  Advise the state superintendent on matters related to charter school policies, programs, services, and state-wide strategies by supporting the Wisconsin Charter Schools Program (WCSP). | | | | | | | | | | | |
|  | | | | | II. NOMINEE INFORMATION | |  | | | | |
| Name of Nominee *Check*  Mr.  Miss  Mrs.  Ms | | | | | | *Check One*  Self Nomination  Nomination by an organization  Nomination by another individual or affiliation | | | | | Date of Birth *Mo./Day/Yr.* |
| First Name | | Middle Initial | Last Name | | |
| Address of Nominee *Street, City, State, Zip* | | | | | | *If nominated by an organization,* *Indicate Name of Organization* | | | | | |
| Nominee Telephone *Area/No.* | | | | | | Contact Person | | | | | |
| E-Mail Address of Nominee | | | | | | Contact Person Telephone *Area/No*. | | | | | |
| Working Title of Nominee *If applicable* | | | | | | School District in Which Nominee Resides | | | | | |
| Asian/Pacific Islander  Black  Hispanic/Latino  American Indian/Alaskan Native  White | | | | | | Disability Status ***Requested only if a requirement for membership*** | | | | | |
| For Parent/Legal Guardian Nominees Only | | | | | | | | | | | |
| Grade Level(s) of Nominee’s School-Age Children | | | | | | School District of Attendance | | | | | |
|  | | | | III. STATEMENT OF QUALIFICATION/INTEREST | | | |  | | | |
| Briefly describe nominee’s qualifications to serve on committee. If you are nominating yourself, tell us why you are interested. | | | | | | | | | | | |
|  | | | | | IV. SIGNATURE | |  | | | | |
| Signature of Person Making Nomination or Nominee if Self-nomination  ⮚ | | | | | | | | | Date Signed *Mo/Day/Yr.* | | |