



## CANDIDATE INFORMATION SHEET

Please fill out and return by **November 4 by 4:59 pm**  
to the Bayshore Elementary School District, Superintendent's Office  
([alegaspi@thebayshoreschool.org](mailto:alegaspi@thebayshoreschool.org))

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Initial)

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ No. of Years Residing in District: \_\_\_\_\_

Do you, or have you, had children in the district's schools? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you participated in any school activities or committees recently? Please list and explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you see as the basic purpose of the public schools?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the role of the School Board in the fulfillment of that purpose?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What should be the relationship between the board members and the administration in the handling of school concerns?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



What do you see as the strengths of the Bayshore Elementary School District?

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What do you see as the areas most needing improvement in the Bayshore Elementary School District?

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What is the single most critical issue facing the District in the future and how would your background and experiences help the District to meet this challenge?

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Are you involved in other community or business activities?

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Why do you want to be a school board member?

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Signature

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Date