

Resources

Personal Information

Title/Prefix: Mrs. Mr. Ms. Miss. Dr. Other: _____

Name: Jennifer L Fitzpatrick
First Middle Last

Home Address: [REDACTED]
Street Number

Sebastian FL 32958
City State Zip Code

Home Phone: [REDACTED] Work Phone: 904-547-2747

Fax Number: N/A Cellular Number: [REDACTED]

Pager Number: N/A Email Address: Jenn@TravelAdvisorsUnlimited.com

Spouse's Name: Kevin Fitzpatrick
First Middle Last

Employment: Travel Advisors Unlimited LLC Independent Travel Advisor
Employer Name Title/Position

Employer Address: Home Office
Street Number

City State Zip Code

Do you agree to complete the required training session(s), for all new board members, during the first year of your term? Yes No

Will your child(ren) attend this charter school? Yes In no, why not? _____

Will you be able to attend regularly scheduled board meetings: Yes No

Please check your highest education level:

- | | | |
|--|--|---|
| <input type="checkbox"/> High School/GED | <input checked="" type="checkbox"/> Associate's Degree | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Trade/Business School | <input type="checkbox"/> BA or BS Degree | <input type="checkbox"/> MD, DO, JD, Ph.D, etc. |

Please check each area of expertise you would contribute to the board:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Community Service | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Master's Degree |
| <input checked="" type="checkbox"/> Fund Raising | <input type="checkbox"/> Law | <input checked="" type="checkbox"/> Management |

Resources

Marketing

Personnel

Public Relations

Parent Involvement Programs

Other (please specify): *Very familiar with laws for IEPs & 504s*

OPTIONAL: If you would like any additional information considered, such as governmental, employment or volunteer experience, honors or awards, please attach a resume or include on a separate sheet of paper.

Relationships

Instructions – If you answer “yes” to any of the following questions, please provide an explanation on a separate sheet of paper. Please label explanations with the number of the corresponding question.

1. Do or will you or your spouse have any contractual agreements with the charter school? Yes No
2. Do or will you, your spouse, or any member of your immediate family have any ownership interest in any educational service provider/management company or any other company contracting with the charter school? Yes No
3. Did or will you or your spouse lease or sell property to the charter school? Yes No
4. Did or will you or your spouse sell any supplies, materials, equipment or other personal property to the charter school? Yes No
5. Have you or your spouse guaranteed any loans for the charter school or loaned it any money? Yes No
6. Are or will you, your spouse or any member of your immediate family be employed by the charter school, its educational service provider or other contractors? Yes No
7. Did you or your spouse provide any start-up funds to the charter school? Yes No
8. Did, or do you or your spouse, or other member of your immediate family, have ownership interest, directly or indirectly, in any corporation, partnership, association, or other legal entity which would answer “yes” to any of questions 1 – 7? Yes No
9. Does any other board, group or corporation believe it has a right to control or have input on votes you will cast as a member of the charter school board? Yes No
10. Do you currently serve as a member of any public school district or charter school other than the board for which you have been nominated? Yes No
11. Do you currently serve as a public official? *If you are being re-nominated to the same charter school board, and do not serve as a public official in any other capacity, please Select “No” as your response.* Yes No
12. To the best of your knowledge, are there situations not described above which may give the appearance of a conflict of interest between you and the charter school, or would make it difficult for you to discharge your duties or exercise your judgment independently on behalf of the charter school? Yes No

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Ethical Issues


Instructions – If you answer “yes” to any of the following questions, please provide an explanation on a separate sheet of paper.

- Citations
Have you ever been cited for a breach of ethics for unprofessional conduct, or been named in a complaint to a court, administrative agency, professional association, disciplinary committee, or other professional group? Yes No
- Agency Proceedings/Civil Litigation
Are you presently, or have you ever been involved in administrative agency proceedings or civil litigation during the past five years? Yes No

Criminal Background History

Charter school board members are public officials appointed by the Charter School as part of their charter which is approved by The Local School Board of (Your) County, Florida. A criminal records check is required for each nominee.

Instructions – Complete this section by placing your initials in the space beside option 1, 2, and/or 3. If you initial option 1 or 2, please provide, on a separate sheet of paper what the charges were and which courts were involved.

1. _____ I have been convicted, pled guilty, or no contest to one or more crimes.
Initial
2. _____ I am currently charged with one or more crimes.
Initial
3.  I have not been convicted, pled guilty, or no contest to any crimes.
Initial

I understand that:

(Local) County Public Schools must request or cause a criminal records check to be performed on me from local, state, or federal law enforcement agencies;

Until that report is received and reviewed by (Local) County Public Schools, my nomination for appointment will not be processed;

If the report received from local, state, or federal law enforcement agencies is not the same as my representation(s) above or attached hereto respecting either the absence of any conviction(s) or any crimes of which I have been convicted, my nomination for appointment is voided at the sole discretion of The School Board of (LOCAL) County, Florida or its designee.

Resources

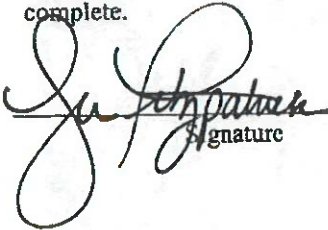
Disclosure Verification

I recognize that all information submitted with this disclosure form or gathered by (Local) County Public Schools as a result of this disclosure becomes a matter of public record, subject by law to disclosure upon request to members of the general public. I will hold (Local) County Public Schools, its School Board, staff, employees or authorized agents harmless from liability for the disclosure of any information it reasonably believes is true based upon my representations or resulting from this process.

I understand that if I am appointed, I will be required and agree to complete during the first year of my term, six (6) hours of board orientation.

I understand that it is my obligation to notify the Charter School and the Charter School Office of The School Board of (Local) County should any information change.

My signature below certifies that all information provided in this disclosure is true and complete.


Signature

3/17/2023

Date