

## African-American/Black Parent Advisory Committee Application



The purpose of this committee shall be to give African-American/Black students an equitable balance in education, opportunities, and safety, while empowering parents to support his or her student's achievement. The committee shall offer guidance, assistance, structure, and support to African-American/Black families.

		Name/ID:
Name:		
		<u>-</u>
Home Ph	ione:Ce	ll Phone:
American through a Engagement meets the	in application process, and appointed ent and Education Office (FEEO) using	ership to the 2019-20 <b>African</b> ee ( <b>AABPAC</b> ). Applicants will be selected by a committee formed by the Family g the criteria listed below. The committee om 5:30 PM – 7:00 PM at alternating locations.
A parent a (Check all the	hat apply)  Be a parent/guardian of a Stockton Universely  Be a parent of students identified for so (LCFF), as determined by the state: Free Learner, and/or Foster Youth.	ervices funded by the Local Control Funding Formula be & Reduced Meal Program Participation, English participation and involvement and be willing to
Explain wh	hy you would make a good PAC Represe	ntative (Required):
Please attac	ch additional page, if necessary.	
[] School S [] District [] [] English []	previously or currently been an official n lite Council (SSC) [] Parent Advisory Con English Learner Parent Involvement Cor Learner Parent Involvement Committee O [] School Booster Club [] Other	nmittee (DELPIC) (ELPIC)
I understa	nd and meet the above requirements.	
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name:		
Signature	):	Date: