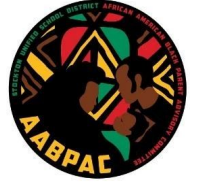




African-American/Black Parent Advisory Committee Application

Family Engagement & Education Office



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. AA/BPAC will also review, recommend, and advise the district on matters pertaining to the Local Control Accountability Plan (LCAP) and Local Control Funding Formula (LCFF).

School Site: _____ Student Name/ID: _____
Name: _____
Residence Address: _____
Email Address: _____
Home Phone: _____ Cell Phone: _____

I am interested in being considered for membership to the **2020-21 African-American/Black Parent Advisory Committee (AA/BPAC)**. Applicants will be selected through an application process using the criteria listed below. The committee meets the second Wednesday of the month from 5:30 PM – 7:00 PM at Madison Elementary, located at 2939 Mission Road, Stockton, CA 95204.

An AA/BPAC applicant must meet one of the qualifications listed below *(Check all that apply)*:

- Be a parent/guardian of an African American/Black Student in the Stockton Unified School District.
- Be a parent of students identified for services funded by the Local Control Funding Formula (LCFF), as determined by the state: Free & Reduced Meal Program Participation, English Learner, and/or Foster Youth.
- Understand the importance of parent participation and involvement and be willing to commit to a minimum of one meeting per month.

Explain why you would make a good AA/BPAC Representative *(Required)*:

Please attach an additional page, if necessary.

Have you previously or currently been an official member of any parent engagement committees?

- School Site Council (SSC) Parent Advisory Committee (PAC)
- District English Learner Advisory Committee (DELAC)
- English Learner Advisory Committee (ELAC)
- PTA/PTO School Booster Club Other: _____

I understand and meet the above requirements.

Name: _____ Signature: _____
Date: _____

Please return this form to your school. The schools will forward them to our office. You may also forward them directly to the Office of Family Engagement & Education, (F.E.E.O) at School For Adults Annex Building, 1661 Pacific Avenue, Stockton, CA 95204

