



**Parent Advisory Committee (PAC)**  
**Family Resource Centers**  
 1661 Pacific Avenue, Stockton, CA 95204  
 (209) 933-7470  
[familyresourcecenter@stocktonusd.net](mailto:familyresourcecenter@stocktonusd.net)



### Parent Advisory Committee (PAC) Application

The purpose of this committee shall be to review, recommend, and advise the district on matters pertaining to the Local Control Accountability Plan (LCAP) and Local Control Funding Formula (LCFF). Assist in the planning, implementation and evaluation of the LCAP. Assist with efforts to make parents aware of the district’s policy and procedures relating to the LCAP. Committee members will advise on the annual revision of the LCAP.

I am interested in being considered for membership to the 2022-23 **Parent Advisory Committee (PAC)**. Applicants will be selected through an application process using the criteria listed below. The committee meets the first Thursday of the month from 5:30-7:00 pm at the Family Resource Centers 1661 Pacific Ave, Stockton, CA 95204

School Site: \_\_\_\_\_ Student Name/ID: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**The Parent Advisory Committee candidates must meet the qualification below:**

I am a parent/guardian of a Stockton Unified School District student.

**Check all that apply:**

I am a parent of a student 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.

I understand the importance of parent participation and I am willing to commit to attending one meeting per month.

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

School Site Council (SSC)       Parent Advisory Committee (PAC)       PTA/PTO  
 DELAC       ELAC       School Booster Club       Other: \_\_\_\_\_

I understand and meet the above requirements.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form directly to the Family Resource Centers located at 1661 Pacific Avenue Stockton, CA 95204 or email at [familyresourcecenter@stocktonusd.net](mailto:familyresourcecenter@stocktonusd.net).**