



# Parent Advisory Committee 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.



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

**Name:** \_\_\_\_\_

**Residence Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Occupation/Profession:** \_\_\_\_\_

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

I am interested in being considered for membership to the 2019-20 **Parent Advisory Committee (PAC)**. Applicants will be selected through an application process, and appointed by a committee formed by the Family Engagement and Education Office using the criteria listed below. The committee meets the the first Monday of the month from 5:30-6:30 at the district office boardroom.

A parent advisory committee applicant must meet one of the qualifications listed below:  
(Check all that apply)

- Be a parent/guardian of a Stockton Unified School District student.
- 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 two meetings per month.

Explain why you would make a good PAC Representative (Required):

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*Please attach additional page, if necessary.*

Have you previously or currently been an official member of any parent involvement 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: \_\_\_\_\_  Other: \_\_\_\_\_

I understand and meet the above requirements.

Name: \_\_\_\_\_

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



*Please return this form to your child's teacher.  
They will forward it to the Community Relations Office*

*Scan QR code to complete  
this form online.*