



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



### Latino Parent Advisory Committee Application

The purpose of the Latino Parent Advisory Committee will be to give Latino students an equitable balance in education, opportunities and safety. At the same time, parents will be trained to be the support and facilitators for their child’s educational pathway towards their university or community college studies. This committee will review, recommend and advise the district on matters related to the Local Control Accountability Plan (LCAP), and provide information on that formula. Finally, this committee will offer guidance, assistance and support to Latino families.

I am interested in being considered a member of the **Latino Parent Advisory Committee** for the 2023-24 school year. The committee will meet on the third Thursday of the month from 9:30 a.m. to 11:00 a.m., at the Family Resource Centers located at 1661 Pacific Ave. 95204. Applicants will be selected through an application process using the criteria listed below.

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

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

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

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

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

**I am Latino?** [ ] Yes [ ] No

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

[ ] I am a parent/guardian of a Stockton Unified School District Latino student. (Parents are defined for the purpose of LCAP as the natural or adoptive parents, legal guardians, or other persons holding the right to make educational decisions for students (5 CCR Section 15495[e]; WIC sections 361 and 727; EC sections 56028 and 56055)

**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 engagement committees?**

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

[ ] I understand and meet the above requirements.

**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).**