

Application for Membership

CAC - Community Advisory Committee
for Special Education
Sacramento City Unified School District



Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail Address: _____

Please check:

I am a student General Education Special Education

School of Attendance: _____

I am the parent of a student General Education Special Education

School of Attendance: _____ Student's age: _____

I am a school district staff person General Education Special Education

School: _____

I am (other): _____

What is your child's (or your) area of special interest: _____

What do you feel you can contribute to the CAC? _____

How did you hear about the CAC? _____

Signature: _____ Date: _____

Please submit application via email to: Angel Garcia, CAC Secretary:
angelmarie1981@hotmail.com or Benita Ayala, CAC Vice Chair: bjc9702@yahoo.com

-- or bring to a CAC meeting!

For general questions email: cacscusd@gmail.com