



Application for Membership 2018/19

Community Advisory Committee (CAC) for Special Education

Sacramento City Unified School District

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail Address: _____

Please Check:

I am a parent of a student in General Education Special Education

School(s) of Attendance: _____ Student Age(s) _____

I am a school district staff person teaching General Education Special Education

I am a student in General Education Special Education

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? _____

In accordance with our CAC bylaws, upon attendance of two, consecutive general meetings, individuals may become members. For questions please call Becky Bryant, Special Education Director at 916-643-9163