

**ANTELOPE VALLEY SPECIAL EDUCATION LOCAL PLAN AREA
COMMUNITY ADVISORY COMMITTEE**

Application Form

(Please print)

Today's Date: _____

Name: _____

Address: _____ City: _____

Phone: _____ Email: _____

School District: _____

Are you: A parent of a child with a disability? Yes No

 A professional? Yes No

 Other? _____

Previous public school-related work (e.g. PTA, Regional Center Board, Room Parent, Classroom Volunteer, etc.):

I understand that the Antelope Valley Special Education Local Plan Area Community Advisory Committee (CAC) is a school-associated group, comprised of parents, educators and other interested community members. I further realize that the functions of the CAC are: to provide training to parents; encouraging parent and community involvement in the development and review of the local plan when needed; supporting activities on behalf of individuals with exceptional needs; assisting in parent awareness in the importance of regular school attendance. If assigned to represent my local school district, I will attempt to attend the majority of meetings and work on at least one committee.

(Signature of Applicant)

(Date)

(Signature of District Special Education Director)

(Date)