



**APPLICATION FOR APPOINTMENT TO  
West Contra Costa Unified School District  
District Local Control Accountability Plan Parent Committee**

If you are a WCCUSD parent/legal guardian, and want to be a part of the District Local Control Accountability Plan Parent Committee, please fill out and return this form to the school office.

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**RESIDENCE ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**I am the parent / legal guardian of [student name(s)]:**

\_\_\_\_\_

**SCHOOL(S):** \_\_\_\_\_

I am interested in being considered for appointment to the District Local Control Accountability Plan Parent Committee and am a parent or legal guardian of a current student in one of the West Contra Costa Unified School District's schools. (Preference for recommendation will be given to parents/legal guardians with experience in and knowledge of our schools.)

**WHY DO YOU WANT TO SERVE ON THIS COMMITTEE?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT ARE YOUR QUALIFICATIONS FOR THIS COMMITTEE?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WILL YOU BE ABLE TO ATTEND THE FOLLOWING MEETINGS? (CHECK IF YES)**

- DLCAP New Member Training, TBD
- DLCAP Meeting, January 26, 2017, 6:30-8:00pm
- DLCAP Meeting, March 21, 2017, 6:30-8:00pm
- DLCAP Meeting, April 27, 2017, 6:30-8:00pm
- DLCAP Meeting, May 11, 2017, 6:30-8:00pm

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINCIPAL SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Please return this form to your daughter/son's school office.*