

# Department for Planning, Innovation, Accountability and Support Programs

## **LCAP Parent Advisory Committee Application**

#### **PURPOSE**

 The purpose of the Parent Advisory Committee (PAC) is to review, advise, monitor and comment on the Pasadena Unified School District's Local Control Funding Formula (LCFF) spending and the draft and final Local Control Accountability Plan (LCAP) toward the achievement of all students.

#### ABOUT LCFF AND LCAP

• Enacted in 2013, LCFF replaced the previous K–12 finance system and provides funding based on average daily attendance and supplemental funding for targeted disadvantaged students (pupils classified as English Learners, those who meet income requirements to receive a free or reduced-price meal [FRPM], foster youth, or any combination of these factors [unduplicated count]).

#### **TERMS**

 Members serve three-year, staggered terms. Terms begin effective immediately and will end June 30, 2025.

#### TIME COMMITMENT

 Six to ten public meetings of two hours in length and additional preparation time for meetings as needed.

#### NUMBER OF COMMITTEE VACANCIES

• Three

### MEMBERSHIP ELIGIBILITY

 Parent/legal guardian of a child currently enrolled in a PUSD school, who are not in a conflict of interest position, (i.e., individuals, agents of employees or vendors who may stand to gain financially from a recommendation of the committee)

Our Children-Learning Today-Leading Tomorrow Note: All information on this application is subject to public disclosure

# **DEADLINE FOR APPLICATION: Until Vacancy Filled**

| APPLICANT IN                        | NFORMATION                      |                                            |
|-------------------------------------|---------------------------------|--------------------------------------------|
| Name<br>(please print)              |                                 |                                            |
| Home<br>Address                     |                                 |                                            |
|                                     |                                 |                                            |
| Telephone                           |                                 |                                            |
| Email                               |                                 |                                            |
|                                     |                                 |                                            |
| Please indicate                     | below the PUSD school(s) th     | at your student(s) currently attend:       |
|                                     |                                 |                                            |
|                                     |                                 |                                            |
|                                     |                                 |                                            |
|                                     |                                 |                                            |
| The LCAP Parent appointed by the    | •                               | elected through an application process and |
| Please check all                    | that apply:                     |                                            |
|                                     | legal guardian of currently enr | olled Pasadena Unified School District     |
| □ Reside                            | in Pasadena Unified School D    | vistrict Area                              |
|                                     |                                 | PUSD students who:                         |
| And/or are:                         |                                 |                                            |
| □ Special<br>□ Achieve<br>□ Other _ | education<br>ement gap          |                                            |

| Other Considerations:                                                                               |  |  |
|-----------------------------------------------------------------------------------------------------|--|--|
| □ Familiar with the Pasadena Unified School District (PUSD)                                         |  |  |
| community $\square$ Demonstrate interpersonal and collaborative                                     |  |  |
| communications                                                                                      |  |  |
| ☐ Commit to attend up to ten meetings annually during the 3-year term                               |  |  |
| ☐ Commit to represent the interests of other parents/guardians                                      |  |  |
|                                                                                                     |  |  |
| Our Children-Learning Today-Leading Tomorrow                                                        |  |  |
| Briefly describe why you would like to serve on the Committee:                                      |  |  |
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| Describe your qualifications or skills that you believe will benefit the Committee:                 |  |  |
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| <b>CERTIFICATION OF APPLICANT</b> : I certify that the above information is true and correct to the |  |  |
| best of my knowledge and belief.                                                                    |  |  |
| Signature Date                                                                                      |  |  |
|                                                                                                     |  |  |
|                                                                                                     |  |  |

Please return completed applications to:

Pasadena Unified School District

Office of Family and Community Engagement Center, Room 121 351 S. Hudson Ave., Pasadena, CA 91109 Phone 626.396.3600 x 88196 or Nancy Molina lagunamolina.nancy@pusd.us

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