

Title : SSC Meeting Date: 1/26/21
 Chairperson: _____ Location: Via Zoom

	Name (Please write clearly)	Signature	Representing (Parents, teachers, other, administration)	E-Mail (if we don't already have you on file)	Notes
1.	Lourdes Bebeche	<i>LB</i>	<input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Other Staff <input checked="" type="checkbox"/> Administration		<input checked="" type="checkbox"/> I forgot to request
2	Angelica Arias	Angelica Arias	<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Other Staff <input type="checkbox"/> Administration		participants
3	Celena Majors		<input type="checkbox"/> Parent <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Other Staff <input type="checkbox"/> Administration		sign-in on
4	Naima Armenta		<input type="checkbox"/> Parent <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Other Staff <input type="checkbox"/> Administration		the chat
5	Elizabeth Kim		<input type="checkbox"/> Parent <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Other Staff <input type="checkbox"/> Administration		feature. I
6	Mariela Arias		<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Other Staff <input type="checkbox"/> Administration		can attest
7	Marteni Hernandez		<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Other Staff <input type="checkbox"/> Administration		that the
8			<input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Other Staff <input type="checkbox"/> Administration		members
9			<input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Other Staff <input type="checkbox"/> Administration		listed were
10			<input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Other Staff <input type="checkbox"/> Administration		present.
11			<input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Other Staff <input type="checkbox"/> Administration		
12			<input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Other Staff <input type="checkbox"/> Administration		
13			<input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Other Staff <input type="checkbox"/> Administration		Lourdes Bebeche, Principal
14			<input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Other Staff <input type="checkbox"/> Administration		
15			<input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Other Staff <input type="checkbox"/> Administration		