



**DISTRITO ESCOLAR UNIFICADO DE HACIENDA LA PUENTE
SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)
COMMUNITY ADVISORY COMMITTEE**



APPLICATION FOR MEMBERSHIP

This form is intended to identify parents, staff and community members interested in participating in the Hacienda La Puente Unified School District (HLPUSD) SELPA's Community Advisory Committee (CAC) or serving as a voting member, officer or committee member. By submitting this form your information will be used to keep you informed about CAC events/meetings and family resources. The CAC is always accepting applications for committee members, voting members or officers of the CAC, and those will be reviewed (and solicited) as vacancies occur.

The CAC shall be composed mainly of parents, students with disabilities, special and general education teachers, other school personnel, and representatives of public and private agencies. At least the majority of the CAC shall be composed of parents of students enrolled in district schools, and at least a majority of such parents shall be parents of individuals with disabilities. The term of office for a CAC member shall be two years. Membership is contingent on adherence to the policies and procedures of the HLPUSD SELPA CAC Bylaws.

Name:	Email Address:
Address:	Cell Phone Number:

Please select the category that best describes you:

- ☐ Parent of student(s) with disabilities enrolled in public or private school served by the HLPUSD
- ☐ Parent of other student(s) enrolled in the HLPUSD
- ☐ Student and/or adult with disabilities
- ☐ School District Representative (e.g., General Education or Special Education Teacher, Administrator, etc.)
- ☐ Representative of public and/or private agency
- ☐ Person concerned with the needs of individuals with disabilities

Name of Child(ren) with an Individualized Education Program (IEP) enrolled in HLPUSD (if none, indicate N/A):

Name:	School:
Name:	School:
Name:	School:

If you are applying as a School District Representative, please complete the section below:

School/Work Location: _____ **Position:** _____

If you are applying as an Agency Representative, please complete the section below:

Agency Name: _____ **Position:** _____

All applicants, please, answer the following questions:

Why are you interested in being involved with the CAC?

What impact would you have on the CAC? Please include your personal purpose and vision.

Please list any affiliations, councils and/or committees of which you are currently a member (e.g., SSC, PTA/PTO, DELAC, etc.)

I commit to be an active participant on the CAC and understand the basic responsibilities of being a committee member. I hereby submit my application for membership to the CAC and verify that the information provided above is true and correct.

Signature _____ Date _____

Completed and signed applications must be submitted to:

Hacienda La Puente Unified School District Special Education/SELPA Department at
15151 Palm Avenue, Hacienda Heights, CA 91745

Completion of this application does not ensure membership. Membership is contingent upon verification of eligibility pursuant to CA Ed Code Section 56191 and 56192 and HLPUSD SELPA CAC Bylaws.

HLPUSD Special Education/SELPA Office Staff Only

Date Complete Application was Received:	HLPUSD SELPA Staff Member Initials:
Date of Board Approval:	Previous 2-year Term: