

APPLICATION FOR MEMBERSHIP ON THE PARENTS' COUNCIL

Established By The Modified Consent Decree In The Case Of *Chanda Smith vs LAUSD*

APPLICANTS: PLEASE PROVIDE THE FOLLOWING INFORMATION

Name _____

Street _____

City _____ Zip _____

Day Phone () _____

Evening Phone () _____

Fax Phone () _____

Cell Phone () _____

E-Mail Address _____

Local School District (for example, "District 5") _____

Ethnicity _____

Preferred Language _____

Would you need to participate on the Parents' Council:

Translation from English? Into which language? _____

Transportation? Child care?

Regarding Your Child Who Is Eligible For LAUSD Special Education Services And For Whom You Are The Legal Guardian (If more than two children fit this description, provide the same information for others, using the back of this page):

Name _____

Date of Birth _____ Disability _____

Current School Placement _____

Home School _____

Name _____

Date of Birth _____ Disability _____

Current School Placement _____

Home School _____

