

Oakland Unified School District's LCAP Parent and Student Advisory Committee (PSAC)

Nomination Application

Name _____ Date _____

School (s) _____

I represent the following LCAP communities or experiences (Please check all that apply):

African American ☐ Latino ☐ Foster Youth ☐ Economic Hardship (*Free or Reduced Lunch*) ☐

English Learner ☐ Student with Disabilities ☐ Student Receiving Special Education ☐

Please commit to each of the following statements by checking the box next to them.

- ❖ I commit to attending all of the LCAP Advisory meetings this year ☐
(*Please see the calendar of meetings included in your packet.*)
- ❖ I commit to working with district staff to share information with other families and schools. ☐
- ❖ When participating in LCAP meetings and activities, I will focus on and consider the students and families that I am representing. ☐
- ❖ I commit to the LCAP Advisory role and responsibilities.

Please fill out the speech prompt below and tell us why you are the best candidate for the position.

1. I am running for the LCAP Parent and Student Advisory because:

2. The experiences and skills that make me a great a candidate are:

Thank you for applying to be an LCAP Advisory Representative!