

**Corona-Norco Unified School District  
Community Advisory Committee  
Special Education Parent Advisory Committee**

**Application for CAC Board Position To be filled  
out by interested/nominated persons.**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Last name) (First name) (Middle initial)

**Address:** \_\_\_\_\_  
(Street Address) (City) (Zip code)

**Cell phone number:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Are you the parent/guardian of a special education student in this district? YES / NO**

**Are you a District staff member? YES / NO**

**Are you a community member? YES / NO**

**Are you a student of the District? YES / NO**

**Signature:** \_\_\_\_\_