

OLYMPIC VIEW ELEMENTARY

1220 South Greensview Dr., Chula Vista, CA 91915 (619)656-2030 FAX: (619)656-8752

Mrs. Lisa Lines, Principal - Mrs. Bree Watson, Associate Principal

www.olympicviewgoldeneagles.org

“Inspired by the Relentless Pursuit of Excellence for ALL”



July 20, 2018

Dear Parents/Guardians,

School Site Council (SSC) is our school organization responsible for overseeing and monitoring the Local Control Accountability Plan (LCAP) and the Local Control Funding Formula (LCFF), the monies that support the plan. The SSC committee participates in the development, monitoring and approval of the Single Plan for Student Achievement (SPSA), the Safe Schools Plan, and provides input regarding the school budget. In addition, the SSC is responsible for creating and monitoring a communication plan involving parents, the Board of Education, staff and members of the community.

Elections will be held on Thursday, August 9, 2018 during Curriculum Night. The Olympic View SSC bylaws specify that parent and teacher representatives serve a 2-year term. We have openings for next year's Council for 2 parent representatives and 1 parent alternate. Any parent/guardian whose child attends our school and is not a paid employee on staff at the school site is eligible to be a SSC parent representative. The SSC usually meets once a month with day and time to be determined. If you would like to place your name on the ballot for parent representative or parent alternate, please complete the lower portion of this letter, along with a short bio telling a little bit about yourself and why you are interested in serving on the School Site Council, and return both items to the school office by Monday, August 6, 2018.

If you have any questions regarding School Site Council or need additional information, please contact the school office. Thank you for considering an opportunity to serve your school community.

Sincerely,

Lisa Lines
Principal

I would like to have my name placed on the ballot for (please check one):

SSC ___ Parent Representative

SSC ___ Parent Alternate

Name: _____ Phone: _____

Address: _____

Child(ren) attending Olympic View Elementary School:

Please attach a short biography telling a little bit about yourself and why you are interested in serving on the SSC

**PLEASE RETURN THIS FORM AND YOUR BIOGRAPHY
TO THE Olympic View SCHOOL OFFICE BY Monday, AUGUST 6, 2018**