

**BULLETIN NO. 80 (Rev.)
JUNE 18, 1997**

ATTACHMENT A

**LOS ANGELES UNIFIED SCHOOL DISTRICT
Division of Adult and Career Education**

**Request by Community Organization for On-Site
Classes Serving Adults with Disabilities**

Qualifying Statement: *Completion of this form by a community agency and the Division of Adult and Career Education is not to be considered as a promise to start a class but as a means to document the need for classes if the budget becomes available.*

Organization Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Primary Disability of Clients: _____

Number of Clients at Facility: _____ Number of Clients Available for Class: _____

Curricula Requested: _____

Clock Hours of Class: _____ Days per Week: _____

Total Hours per Week: _____ Classroom Space Available in Sq. Ft.: _____

Desired Starting Date of Class: _____

Signature of Facility Director: _____

Directions for CAS Administrator

Organizations requesting classes must complete and submit this form to you. Please date-stamp the request when you receive it and send a copy to the Disabilities Office, Third Street Annex, Room 239, Attn: Terry Wetzel.

Recommended for Funding _____ Not recommended for Funding _____

Community Adult School _____

Principal's Signature: _____ Date: _____

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