

Special Education Advisory Committee (SEAC) CONFIDENTIAL Application Form

Name of parent applying

School year:	FOR OFFICE USE Date submitted: (Priority by date received)
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SEAC position applying for: (renewal of term gets priority)	Parent representative Alternate parent representative	Should there be no vacant positions, the applicant will automatically be considered for the alternate position.
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Contact details

Address	City/Province	Postal code
Email addresses:		
Home Phone:		
Work Phone:		
Cellular Phone:		

	Yes	As a parent representative	Year
	Yes	As an alternate parent representative	Year
	No		

Why would you like to be a SEAC member?

Parent members and voting alternate parent members may have their mileage and baby-sitting expenses incurred in order to attend meetings.