



Special Education Advisory Committee
Application Form
2017 - 2018

DATE SUBMITTED:
First come first served,
based on date received

CONFIDENTIAL ONCE COMPLETED

NAME OF PARENT APPLYING

Family Name: _____ First Name: _____
Does your child have special needs? [] Yes [] No Specify: _____
SEAC position applying for? [] Parent Representative [] Alternate Parent Representative
NOTE: Renewal of term gets priority. Should there be no vacant positions; the person will automatically be considered for the alternate position.

COORDINATES

Home Address _____ City / Province _____ Postal Code _____
E-mail address(es): _____

TELEPHONE / CELL NUMBERS

Home Number: _____
Work Number: _____
Cellular Number: _____

NAME OF STUDENT WITH SPECIAL NEEDS AT SWLSB

Child's Name: _____
School: _____ [] Elementary Cycle [] Secondary Cycle

HAVE YOU PREVIOUSLY ATTENDED SEAC MEETINGS AS:

A Parent Representative? [] Alternate Parent Representative? []
When? _____

WHY WOULD YOU LIKE TO BECOME A SEAC MEMBER?

[Empty space for text entry]

** NOTE: Parent members and voting alternate parent members may have their mileage reimbursed as well as baby-sitting expenses incurred in order to attend meetings.