

## Special Education Advisory Committee (SEAC) CONFIDENTIAL Application Form

### Name of parent applying

School year:	FOR OFFICE USE: Date submitted: (Priority by date received)		
Family Name:	First Name:		
Does your child have special needs?	yes	no	Specify:
SEAC position applying for: (renewal of term gets priority)	Parent representative		Should there be no vacant positions; the person will automatically be considered for the alternate position
	Alternate parent representative		

### Coordinates

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

### Information of student with special needs at SWLSB

Student name:			
School:		Grade	
Have you previously been a member of SEAC?	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.

