

# Special Education Advisory Committee (SEAC) CONFIDENTIAL Application Form

## Name of parent applying

School year:	FOR OFFICE USE Date submitted: (Priority by date received)
--------------	--

SEAC position applying for: (renewal of term gets priority)	Parent representative	Should there be no vacant positions, the applicant will automatically be considered for the alternate position.	
	Alternate parent representative		

## 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.