

# APPLICATION FOR SEAC MEMBERSHIP

Name:

Date of Application:

Address:

Home Phone:

E-mail:

Work Phone:

Cell Phone:

Are you a (check all that apply)

- Parent                       Person with a disability                       Grandparent  
 Guardian                       Foster parent of a child/youth with a disability  
 Teacher \_\_\_\_\_  
 Representative of a community agency (Please specify) \_\_\_\_\_  
 Representative of a business or association in the community (Please specify) \_\_\_\_\_  
\_\_\_\_\_  
 Other (Please specify) \_\_\_\_\_

If you are a parent or family member, what is your child's

Age?

School?

Disability?

What district do you live in within PWCS? \_\_\_\_\_

(Gainesville, Brentsville, Occoquan, Potomac, Neabsco, Woodbridge, Coles)

What do you hope to accomplish from your participation on the SEAC?

What unique experiences, perspectives, talents or skills could you bring to the SEAC? |

If invited to serve on the SEAC, what do you see as needs in special education?

(List system-wide issues rather than personal issues.)

How did you hear about the PWCS SEAC? (Please check one)

- SEAC Member                       Brochure                       Teacher  
 Parent Resource Center                       Other:

Send completed application to: [PWCSSEAC@pwcs.edu](mailto:PWCSSEAC@pwcs.edu)