

Warren County Public Schools
2024-2025 APPLICATION FOR SEAC MEMBERSHIP

Name: _____ Date of Application: _____

Address: _____

Best Phone # for contacts: _____ E-mail: _____

Are you a (check all that apply):

Parent Person with a disability Teacher Guardian Grandparent Foster parent of

a child/youth with a disability Community Member

Rep. of a community agency, business or association in the community; Other: _____

If you are a parent or family member, what is your child's (share what you are comfortable sharing) Age: _____

School: _____ Disability: _____

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? **Please list other community organizations to which you belong.**

What do you see as needs in special education? (List system-wide issues rather than personal issues.)

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

SEAC Member Brochure Teacher Parent Resource Center Other: _____

Please carefully consider the commitment involved in being a part of this committee. Attendance is expected at all meetings, including the "Annual Meeting" (usually held in May) and members are expected to actively participate. Our committee's success depends on the involvement of our members.

Print out, fill in, and Mail to:
Membership Subcommittee Chairperson, SEAC,
% Warren County Public Schools,
465 West 15th St., Ste. 500, Front Royal, VA 22630