

Warren County Public Schools
2025-2026 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