

**ST. CLOUD AREA SCHOOL DISTRICT 742**  
**APPLICATION FOR SERVICE ON**  
**SPECIAL EDUCATION ADVISORY COMMITTEE**



*All information on this form is available to the general public upon request*

**Applicant Name:** \_\_\_\_\_  
(First Name) (Last Name)

**Applicant Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Daytime Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

**STATISTICAL INFORMATION**

*The following information is optional and is sought for the purpose of compiling the annual report on the appointments.*

**Gender:** Female  
Male

**National Origin:** African American  
American Indian  
Asian/Pacific  
Caucasian  
Hispanic  
Other \_\_\_\_\_

**Disabled:** Yes  
No

*(For additional space, please use the second page.)*

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

Age: \_\_\_\_\_ School: \_\_\_\_\_

Disability (if applicable) \_\_\_\_\_

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

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

4. If invited to serve on the SEAC, what do you see as needs in special education? (List system-wide issues rather than personal issues.)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

*(over)*

If applicant is being nominated by another person or group, signature indicates consent to nomination. You will not receive an acknowledgment of this application, but the appointing authority will notify you if an interview is desired.

**MAIL THIS COMPLETED APPLICATION TO:** St. Cloud ISD 742  
**ATTN:** Student Services/Special Education  
1201 Second Street South  
Waite Park, MN 56387

**SUBMIT IN PERSON:** District Administration Office  
**OR BY FAX:** 320-370-8093  
**PHONE:** 320-370-8000

*On request, this application will be made available in alternative format.*