

Special Education Department
District Administration Office

Special Education Advisory Council (SEAC)

Application for Service

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

Disabled: ☐ Yes
☐ No

National Origin:

☐ African American

☐ American Indian

☐ Asian/Pacific

☐ Caucasian

☐ Hispanic

☐ Other _____

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

Age: _____ School Attending: _____

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)

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: 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.