York County School Division
Advisory Committee Membership Application

Name of advisory committee in which you are seeking membership:

- ☐ Gifted Education Advisory Committee (GEAC)
- ☐ Special Education Advisory Committee (SEAC)
- ☐ Career and Technical Education (CTE) Advisory Committee

Name: _____ Date of Application: _____

Address: _____

Phone: _____ Email: _____

Applying as a (check all that apply):

- ☐ Parent/Guardian Representative
- ☐ Community Representative
- ☐ Business/Industry Representative
- ☐ Teacher
- ☐ Student

If you are a parent/guardian, list school(s) and grade level(s) of your child/children:

_____ / _____

_____ / _____

_____ / _____

Please explain your interest and/or reason for seeking appointment by the School Board to the Advisory Committee.

Please provide a summary of any special skills, interests, or volunteer experiences you feel would benefit this committee.

Applicants may attach any additional information such as resume or related experience.