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.