

SPECIAL EDUCATION ADVISORY COMMITTEE (SEAC) APPLICATION FORM

(Please Print)

Name: _____

(First)

(Last)

Address: _____

(Street/unit/apt)

(City)

(Province/postal code)

Phone: _____ (h) _____ (c)

Email: _____

VOICE Chapter: _____

Please Complete:

Are you a current member of VOICE for Hearing Impaired Children?	Yes	No
Are you eligible to vote for members of the school board?	Yes	No
Are you an employee of the school board you will participate in?	Yes	No
Do you live in the jurisdiction of the school board you will participate in?	Yes	No

(Signature)

(Date)

VOICE

FOR DEAF AND HARD OF HEARING CHILDREN