



# SEAC NEEDS YOU!

Parents Teachers & Decision Makers...  
*Working collaboratively towards SUCCESS for all!*

## Are you the parent of a child with special needs?

Would you like to have your voice heard on matters concerning our special needs community?

The SWLSB Special Education Advisory Committee (SEAC) is **currently looking for new parent members\*** for 2016 - 2017 to fill the seats that have recently become available, as well as 9 alternate positions.

### SEAC Function & Powers

*Section 187 of the Education Act specifies the role of this committee as follows*

- **To advise** the School Board on the Policy for the organization of Educational Services for students with Special Needs.
- **To advise** the School Board on the allocation of financial resources to the services intended for these students.
- **To be consulted** on the Inter Board agreements that concern students with Special Needs (Ed. Act sec. 213)

### ***To become a member...***

Simply complete the accompanying application form and email it to [seac@swlauriersb.qc.ca](mailto:seac@swlauriersb.qc.ca) or return it to your child's Principal.

### ***Contact us***

If you have any questions or comments concerning this role, please feel free to contact us T 450-621-5600

**Join SEAC or Simply come and attend our next meeting...hope to see you there!**

***Next Meeting May 31<sup>st</sup>, 2016***

SWLSB Administration Center, 235 Montée Lesage, Rosemère, QC. J7A-4Y6

\* Note: Parent members and voting alternate parent members may have their mileage reimbursed as well as baby sitting expenses incurred in order to attend meetings.



# Special Education Advisory Committee 2016 - 2017

### DATE SUBMITTED:

First come first served based on date  
application is received \_\_\_\_\_

### NAME OF PARENT APPLYING

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Does your child have special needs?

Yes

No

Specify: \_\_\_\_\_

SEAC Position applying for?

NOTE: Renewal of term gets priority.

Parent Representative ⇒

Alternate Parent Representative

Should there be no vacant positions;  
the person will automatically be  
considered for the alternate position.

### HOME / E-MAIL ADDRESS(ES)

Street: \_\_\_\_\_

City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

E-mail

Address(es): \_\_\_\_\_

### TELEPHONE / CELLULAR NUMBERS

Home number: \_\_\_\_\_ - \_\_\_\_\_

Work number: \_\_\_\_\_ - \_\_\_\_\_

Cellular number: \_\_\_\_\_ - \_\_\_\_\_

### NAME OF STUDENT WITH SPECIAL NEEDS AT SWLSB

Child's Name: \_\_\_\_\_

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

⇒ Elementary Cycle:

⇒ Secondary Cycle:

### HAVE YOU PREVIOUSLY ATTENDED SEAC MEETINGS AS:

A parent representative?

Alternate parent representative?

When? \_\_\_\_\_

### WHY WOULD YOU LIKE TO BECOME A SEAC MEMBER?

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CONFIDENTIAL ONCE COMPLETED