



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)

Name: [Click or tap here to enter text.](#)_____

Date of Application: [Click or tap to enter a date.](#)

Address: [Click or tap here to enter text.](#)_____

Phone: [Click or tap here to enter text.](#)_____

E-mail: [Click or tap here to enter text.](#)

Applying as a (check all that apply):

- Parent/Guardian Representative
- Community Representative

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

School / Grade

School / Grade

School / Grade

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

[Click or tap here to enter text.](#)

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

[Click or tap here to enter text.](#)

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