Application for Membership to the Highland Park Schools Special Education Parent Advisory Council (SEPAC) EXECUTIVE BOARD

Applicant's Name: _____

E-mail: _____

Home Phone: _____ Cell: _____

Home Address: _____

To ensure that the council is representative of the larger community, please answer a few questions:

1. Do you have children attending the Highland Park Schools?

2. Do you have a student with a disability? If so, what is the nature of your child's disability?

3. What school does your child attend?

4. Please tell us why you are interested in serving on the Special Education Parent Advisory Council (SEPAC).

5. What is your availability during the week for evening meetings and for coordinating and planning events/workshops?

Please return this form to:

Candida Hengemuhle
Director of Educational Services
121 South Eleventh Avenue
Highland Park, New Jersey 08904

Form may also be returned by email to:

chengemuhle@hpschools.net