



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)
- Career and Technical Education (CTE) Advisory Committee

Name: _____ Date of Application: _____

Address: _____

Phone: _____ Email: _____

Applying as a (check all that apply):

- Parent/Guardian Representative
- Community Representative
- Business/Industry Representative
- Teacher
- Student

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

_____/_____
_____/_____
_____/_____

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

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

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