

Attendance Cluster _____

Special Needs Advisory Council (SNAC)
Exceptional Children's Programs
Union County Public Schools
MEMBERSHIP APPLICATION

I would like to be considered for membership on the Advisory Council, and hereby submit an application.

I am (check all that apply): ____ Parent; ____ Relative/Guardian; ____ Surrogate/Foster Parent

Name: _____

Address (Home): _____
(City/State/Zip Code)

Telephone Number: _____

Email Address: _____

Name of Child: _____ Age: _____

Nature of Disability: _____

School Attending: _____

Name of Child: _____ Age: _____

Nature of Disability: _____

School Attending: _____

Other Children in Family, Ages: _____

Please respond to the following. If more space is needed, please use the back of the page.

- 1 Community/School Involvement:
- 2 Affiliations with Other Disability Organizations and Offices Held:
- 3 What personal experiences, not listed above, would be pertinent to the mission of SNAC?
- 4 Why do you want to serve on the SNAC Committee?

Referred by: _____

Return the completed form to:

SNAC Committee
Exceptional Children's Office
400 North Church Street
Monroe, NC 28112

For information about SNAC, visit www.ucps.k12.nc.us and click Exceptional Children's programs in the Department link