Special Education Advisory Committee (SEAC) Membership Application

Community Members and Local Association Members

Individuals must complete the following application form for consideration to be a member of TCDSB Special Education Advisory Committee (SEAC).

Select membership role being applied for:	☐ Community Member **Please complete parts A, B, D, and E.**	OR	☐ Local Association Member **Please complete parts A, B, C, D, and E. Nomination Letter Required**

PART A

Criteria for Special Education Advisory Committee (SEAC) Community or Local Association member:

a) *Canadian Citizen and minimum of 18 years old. O. Reg. 464/97, s. 5.1;*
b) *Resident of City of Toronto. O. Reg. 464/97, s. 5.1;*
c) *Separate School Supporter. O. Reg. 464/97, s. 5.1;*
d) *Not employed by the Toronto Catholic District School Board (TCDSB). O. Reg. 464/97, s. 5.3;*
e) ***For a local association membership only**: "Local Association" means an association or organization of parents that operates locally within the area of jurisdiction of the Board and that is affiliated with an association or organization that is not an association or organization of professional educators but that is incorporated and operates throughout Ontario to further the interests and well-being of one or more groups of exceptional children or adults. O. Reg. 464/97, s. 1.*

☐ Yes, I meet the criteria listed above. ***Proceed with application.***

☐ No, I do not meet the criteria listed above. ***Do not proceed with application.***

PART B

Surname:		First Name:	
Main Contact Number:		Alt. Contact Number:	
Home Address			
E-mail address:			
Child(ren)'s School(s):			

PART C

Association Name:	
Association Address:	
Main Contact Person:	
Main Contact Number:	

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PART D

1. To which other TCDSB parent organizations do you presently belong:

☐ CSPC-Catholic School Parent Council ☐ CPIC-Catholic Parent Involvement Committee ☐ Other: _____ ☐ None

2. List the community associations/groups in which you are currently a member and provide a brief outline of your role within each of these associations:

3. Briefly outline the reasons why you are interested in being a member of the Special Education Advisory Committee:

4. Please identify and explain any related personal and/or professional experiences which you have that would assist you in the role as a member of the Special Education Advisory Committee:

5. Would your personal and/or professional experiences place you in a ***Conflict of Interest*** in regard to being a member of this Committee:

☐ NO
☐ YES Please explain:

6. Have you been selected to be part of another TCDSB Committee within the past 12 months?

☐ NO
☐ YES Please specify the Committee:

7. Do you support the Catholic Mission/Vision of TCDSB? More information may be accessed through the link: https://www.tcdsb.org/page/our-board

8. Provide any additional comments to be considered regarding your participation on this committee:

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PART E
Completed *Membership Application* and N*omination Letter* (if applicable) to be submitted to the attention of the TCDSB Chief Executive Officer, Dr. Brendan Browne, by email using the following email address: OfficeOfTheCEO@tcdsb.org *Membership Application* and *Nomination Letter* (if applicable) must be received by: **October 31, 2026**

Date Submitted:	
Applicant's Name:	
Applicant's Signature:	

*For further details on the Policy for the Special Education Advisory Committee, please refer to Policy No. A23 on the TCDSB website at:
Special Education Advisory Committee Policy A.23