



Berlin/Boylston Public Schools

Special **E**ducation **P**arent **A**dvisory **C**ouncil

Membership Application

Please complete the information below to be added to the Membership Directory. No membership fee is required. Joining will allow you to receive notices of our future programs.

Leave here or return to school in an envelope marked SEPAC.

Name: _____

Mailing Address _____

Town: _____ School: _____

Phone: _____ Email Address: _____

Parent ___ Teacher ___ Admin ___ Other _____

Topics I would like to see at future meetings:

If you might be able to help SEPAC, please place a check next the item(s) of interest and/or add your comments. Thanks!

___ Board position

___ Available for special projects

___ I know a good guest speaker

___ Other

