# West Feliciana Parish School System

4727 Fidelity Street

St. Francisville, LA 70775

(Phone) 225-635-3891 (Fax) 225-635-0108

# West Feliciana Special Education Advisory Panel Application

Please complete the application below.  The application must be submitted by 4:00 pm on December 17, 2019, to West Feliciana Parish Schools, 4727 Fidelity Street, St. Francisville, LA 70775 Attn: Superintendent.  You may also email your application to [MiltonH@wfpsb.org](mailto:MiltonH@wfpsb.org).

Successful appointees will be notified no later than 10 business days after applications close.

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Email |  |

Cell

Phone: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Position Applied for:  (check one) | Parent Position District Staff Position Community Stakeholder |

|  |  |  |
| --- | --- | --- |
| Does your child receive Special Education services? | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| If yes, what school does your child attend? |  | If yes, what grade is your child in? |  |

|  |  |
| --- | --- |
| If yes, what is your child’s exceptionality? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you an employee of West Feliciana Parish Schools? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, list your school and position: |  |

## Experience and Professional Background

|  |  |
| --- | --- |
| **Educational background:** |  |

|  |  |
| --- | --- |
| Professional background/work experience: |  |

|  |  |
| --- | --- |
| **Prior school district involvement:** |  |

|  |  |
| --- | --- |
| **Prior civic activities:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Why are you interested in this position?** |  | | |
|  | | |
|  | | |
|  |  | | |
|  |  |  |  |
| **What strengths would you bring to this position?** |  | | |
|  | | |
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|  |  |  |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that completing this application does not guarantee appointment to the committee. Furthermore, I understand that participation is on a volunteer basis as there is no compensation provided to Special Education Advisory Panel members. Additionally, I understand that the purpose of the Special Education Advisory Panel is to be a resource for the local superintendent and school board. The West Feliciana Parish Special Education Advisory Panel has no authority to direct school district personnel, operations, policies, or budgeting. There is no requirement that the advice or feedback of the West Feliciana Parish Special Education Advisory Panel be adopted or implemented by the West Feliciana Parish School Board or local superintendent.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |