**Westwood Special Education Parent Advisory Council (SEPAC)**
**Membership Form***

***Westwood SEPAC (Special Education Parent Advisory Council) is an independent advocacy group with the mission to work for the understanding of, respect for, and support of all children with disabilities in our community.***

Date: _____
Name: _____
Address: _____
Phone: _____
E-mail: _____
Parent/Guardian____; Educator ____; Other _____ (please check one)
May we e-mail you meeting updates etc? Yes/No
Student's grade: _____
Student's age: _____
Name of school attending: _____
Disability (optional): _____

- *Westwood SEPAC encourages all interested parties to become members. Please be aware that voting privileges are limited to parents/guardians of students on IEPs.*
- *Membership must be renewed each academic year.*
- *No dues are required but donations are welcome.*

**Please return this form to:**
**SEPAC**
**Westwood Special Education Parent Advisory Council**
**c/o Student Services**
**220 Nahatan Street**
**Westwood, MA 02090**

* This membership form is not an administrative form and is the sole property of the Special Education Parent Advisory Council ( SEPAC ).

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