Manalapan-Englishtown Regional School District
Special Education Parent Advisory
Committee Application

Name: _____ Phone: (H) _____

Address: _____ (W) _____

Email address: _____ (C) _____

Please respond to the following questions and return by November 18, 2016 to Mrs. Georgianna Petillo, Director of Special Education, 36 Gordons Corner Road, Manalapan, NJ 07726. Feel free to use additional paper for your statement.

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If you have any children attending the Manalapan-Englishtown Regional School District, please indicate the school(s) and the current grade level(s).

School(s) _____

_____

___ Pre-K/Kindergarten ___1-5 ___6 ___7-8

Please write a brief statement indicating why you believe you would be a positive and contributing member to the Parent Advisory Committee:

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