



**ADVISORY COMMITTEE ON SPECIAL EDUCATION SERVICES (ACSES)  
2017-2018**

**CANDIDATE'S INFORMATION FORM**

Last Name: _____	First Name: _____
Address: _____	Postal code: _____
Telephone: (Home) _____	(Work) _____
E-Mail: _____	Fax: _____

Your child's type of difficulty: _____	
School: _____	Level: _____

In a few words, please list some of the reasons for your interest in this Committee:

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Please list previous committee experience: \_\_\_\_\_

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**Please send this form to Brigida Sellato by Friday, October 20, 2017 at the latest.  
Email [bsellato@emsb.qc.ca](mailto:bsellato@emsb.qc.ca) or Fax: 514-483-7213**

\_\_\_\_\_  
**Candidate's Signature**

\_\_\_\_\_  
**Date**