



DELEGATION PRESENTATION TO THE SCHOOL BOARD

Preferred Board Mtg. Date: _____ Application Date: _____

Presenter(s) information:

Name: Address: Email: Phone Number:

Name:	Address:	Email:	Phone Number:

Participating Delegates:

(proof of identification may be requested per the Procedural By-Law)

Name: Address: Email: Phone Number:

Name:	Address:	Email:	Phone Number:

Topic/specific issue to be presented:

History/background information:

Additional Information you would like the School Board Trustees to know:

Will handouts be provided to the Board? YES ___ **NO** ___

What are your expectations from the School Board of Trustees following this presentation?

Submitted by: _____
(please print your name)

_____ (signature)

Division Office Use

Date/Time Received: _____

Board Meeting Date: _____

Special Requirements or Accommodations: _____

Department/School: _____

Date Response Given: _____