



Policy Section: **Trusteeship and the Board**
Policy Name: **Presentations/Delegations**
Attachment: **Presentations/Delegations
Information Sheet**

200
205

Please complete the following and return to your local school or Board Office prior to the regular Board meeting of:

DATE _____

1. NAME OF SPOKESPERSON: _____
2. MAILING ADDRESS: _____
3. TELEPHONE NUMBER: _____
4. APPROXIMATE NUMBER OF PERSONS EXPECTED TO ATTEND THE BOARD MEETING: _____
5. DATE OF PRESENTATION/DELEGATION: _____
6. PURPOSE OF PRESENTATION/DELEGATION: _____

7. Presentation Method: In Person Via Teleconference

8. I understand and agree to present the presentation/delegation in accordance with the procedures as outlined in the attached policy.

I also understand that presentations must be submitted in written or electronic format by 4:30 pm, twelve (12) business days preceding the presentation. If the presentation is not received in this timeframe, the presentation will be cancelled.

Signature

NOTE: Please note the attached policy regarding presentation/delegations.

PRINCIPAL: Please email to deborah.taylor@kpdsb.ca