



**SCHOOL DISTRICT #83**  
**North Okanagan-Shuswap**

**POLICY INITIATION**  
**AND**  
**REVISION REQUEST FORM**

TO: Superintendent of Schools  
School District #83 (N. Okanagan-Shuswap)  
PO Box 129, Salmon Arm, BC V1E 4N2

Date: \_\_\_\_\_

**Purpose of Form:** This form is to be used if an individual wishes to have a new policy considered or an existing policy reviewed or revised.

**Use of Form:** The School Board will receive this completed form from any individual or group (parents, School District employees, students, Parent Committee, Community Groups, etc.) who is interested in changing or improving School District Policy. A consultation process will follow the Boards' consideration of this issue.

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1. Which policy do you feel should be revised or added to School District Policy?

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2. Why do you feel the policy should be either revised or added to District Policy Manual?

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3. What special features or wording should the new or revised policy contain?

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4. Name of person (group) submitting form? \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Response of Policy Committee to suggestion?

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