The Board of Education of Ḱwsaltktnéws ne Secwepemcúl'ecw School District No. 83
341 Shuswap Street SW, Box 129 Salmon Arm BC, V1E 4N2 | PHONE 205-832-2157 | FAX 250-832-9428

POLICY INITIATION REQUEST

Date: _____ **Name and/or Group:** _____

Address: _____

Contact Information (Phone/Email): _____

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

Use: Parents, SD83 employees, students, or community partners who are interested in changing or improving SD83 Board policy are welcome to submit this form for consideration.

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1. Which Board policy are you requesting to be revised or added?

2. Why do you recommend revisions or additions to the policy?

3. What specific features or wording do you recommend revising or adding to the policy?

Please submit this form to board@sd83.bc.ca

This section will be completed by the Policy Committee.

Policy Committee's recommendation: