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| LEARNING ZONE | **SCHOOL DISTRICT NO. 83**<br>**(North Okanagan-Shuswap)** | **POLICY INITIATION**<br>**AND**<br>**REVISION REQUEST FORM** |

TO: Policy Committee
School District No. 83 (North 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**: Parents, SD No. 83 employees, students, or community partners who are interested in changing or improving School District Policy are welcome to submit this form for consideration.

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

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

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

4. Name of person (group) submitting form?

Address: _____Telephone number: _____

Response of Policy Committee to suggestion?