|  |  |
| --- | --- |
| Date: | |
| Name: | Community Member  Trustee |
| Address: | |
| Email: | Phone: |

|  |
| --- |
| Policy:  New  Amend Policy / Policy Name:  Rescind Policy / Policy Name: |
| Describe issue or need: |
| Explain why there is a need for new/revised policy or elimination of a policy: |
| Outline the key issues to be considered in the proposed policy/revision: |

|  |
| --- |
| Signature: |

**Submit form to Superintendent’s office at** [**suptoffice@rockyview.ab.ca**](mailto:suptoffice@rockyview.ab.ca)

|  |  |  |
| --- | --- | --- |
| ***Office Use Only*** | | |
| Board Planning Meeting | Date: | |
| Decision | Emergent  Non-emergent  Non-substantive revision | Denied |
| Regular Board Meeting | Date: | |
| Decision | Approved  Referred to Superintendent  Referred to Policy Committee  Denied | |

*Reference:*

* Board Policy 10 – Policy Making