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

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| --- |
| 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:      |

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| Signature: |

**Submit form to Superintendent’s office at** **suptoffice@rockyview.ab.ca**

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| ***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