## DELEGATION REQUEST FORM

TDSB will strive to meet the accommodation needs of persons with disabilities; the delegates are encouraged to make their needs for accommodation known in advance of the Committee meeting by e-mail to delegates@tdsb.on.ca

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| **Submission Date:**  |  |
| **CONTACT INFORMATION** |
| **First Name:**  |  |
| **Last Name:** |  |
| **Name of Organization / School Represented** |  |
| **Phone Number:** |  |
| **E-mail Address:** |  |
| **DELEGATION INFORMATION**  |
| **Which committee would you like to speak to?**  | Finance, Budget and Enrolment  |  | Governance and Policy  |  |
| Program and School Services  |  | Planning and Priorities (formerly Committee of the Whole) |  |
| Audit Committee |  |  |  |
| **Agenda Item:** |  |
| **Brief Summary of the Topic of Discussion:** |  |