## 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](mailto: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:** |  | | | |