

## Endeavour Site Council Action Request

Submitted by \_\_\_\_\_ Phone Number \_\_\_\_\_

Action Item \_\_\_\_\_ Date \_\_\_\_\_

### I request the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Obtain information | <input type="checkbox"/> Give input  |
| <input type="checkbox"/> Action to be taken | <input type="checkbox"/> Placed on the Site Council Agenda at a future meeting<br>(5 minute maximum) |

*Request must be received 10 days prior to the Site Council meeting in order to be placed on the agenda*

If you are requesting an action to be taken, please fill out the following statements:

Your suggestion for action:

Reasons for requesting action:

Information needed to make an informed decision:

This action would impact/affect the following:

- |                                   |   |   |                                      |
|-----------------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> Students | <input type="checkbox"/> Administration     | <input type="checkbox"/> Teachers       | <input type="checkbox"/> Specialist  |
| <input type="checkbox"/> Parents  | <input type="checkbox"/> Cooks              | <input type="checkbox"/> Custodians     | <input type="checkbox"/> EA's        |
| <input type="checkbox"/> PTSA     | <input type="checkbox"/> Financial Concerns | <input type="checkbox"/> Transportation | <input type="checkbox"/> Other _____ |

In addition to being shared with the Endeavour Site Council, please route this Action Request to:

- |   |   |                               |
|---|---|-------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Staff (name _____) | <input type="checkbox"/> PTSA |
|---|---|-------------------------------|

Office Use:

Routed to appropriate parties: (date) \_\_\_\_\_

If action is taken contact person \_\_\_\_\_ date \_\_\_\_\_

Action Decision: