

Kawartha Pine Ridge District School Board

**SCHOOL REPORT ON THE
ANNUAL OPERATION OF SCHOOL COUNCILS**

Name of School _____ **Date** _____

Principal _____ **Chairperson** _____

1. Membership:

Number of Elected Members _____

Executive Positions Filled _____

Member Positions Not Filled
(if any) _____

Reason(s) _____

Number of Community Members Appointed _____

2. Advisory involvement as chosen in the following areas:

3. Comment briefly on the effectiveness of the operation of the School Council:

4. Do accurate and complete records of the work of the School Council exist? In 'y j cv'ht o A

Comment on a major accomplishment of School Council this year.

Comment on a major area of proposed growth in the coming year.

Final Comment(s):

Financial Status of School Council:

Return to your Superintendent of Education: Student Achievement, by June 30th

School Principal: _____ School Council Chairperson: _____

Superintendent of Education: Student Achievement _____

Date Received: _____