



District 17 Simcoe

EDUCATIONAL ASSISTANTS & DESIGNATED EARLY CHILDHOOD EDUCATORS

SCHOOL SOCIAL ACTIVITY FORM

PLEASE PRINT

SCHOOL NAME: _____

SCHOOL REPRESENTATIVE: _____

PERSONAL EMAIL ADDRESS: _____

Outline in detail the date, location and the activity or event being planned, including the approximate planned costs for the event/activity.

LIST THE ATTENDEES and indicate if they are permanent, long term temporary or day to day supply.

<u>EXAMPLE: Sally Smith – perm</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURES AND DATE

School Representative: _____ Date: _____

Bargaining Unit President: _____ Date: _____

Bargaining Unit Treasurer: _____ Date: _____