



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: \_\_\_\_\_