

2010-2011 Calendar Draft Feedback Form

Return by 4:00 p.m., October 26, 2009 to Jennifer Hill at Baker Center, or fax to 414-0393

CAMPUS _____

Check Either Draft A or Draft B to Indicate Your Preference:

2010-11 Draft A

[Reason(s) for/against]: _____

2010-11 Draft B

[Reason(s) for/against]: _____

I, the Principal or designee, certify that this decision was made by the Campus Advisory Council, on _____, 2009

Number of Members Present: _____

Number of Votes for Calendar Draft A: _____

Number of Votes for Calendar Draft B: _____

(Please print) Name of Principal or Designee

Title

Signature of Principal or Designee

Date

(Please print) Name of CAC Chair

Title

Signature of CAC Chair

Date

List all of the venues through which you notified parents and staff of the calendar proposals (i.e.: CAC, PTA meeting, campus newsletter, billboard, etc.). Attach additional sheet for more space.

DATE

VENUE

_____	_____
_____	_____
_____	_____
_____	_____