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| https://portal.alcdsb.on.ca/Lists/Publications/Stationary%20Material/ALCDSB,%20Board%20Office/ALCDSB%20Colour%20logo%20CREST.png | A-2017-11-1 Appendix 4 |
| School Request Form for Video Surveillance | Click here to enter a date. |
|  | Date |
|  |  |
| School Name | Principal |
|  |  |
| School Principal Contact # | Email address |
|  |  |
| Supervisory Officer | Email address |

**Reason for Request**

Please describe **in detail the reason for the request for video surveillance equipment in your school**.

[Note: please indicate prior incidents and other steps taken to address the concern(s)]

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Please describe the recommended camera location(s) and camera placement:

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Outline below your proposed community communication strategy (ie: school council, newsletter/website, etc):

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| --- | --- | --- | --- | --- |
|  | | | | |
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|  | | | | |
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|  | |  |  | Click here to enter a date. |
| Signature of Principal | |  |  | Date |
| ***Please submit completed form to your Supervisory Officer*** |  | | | |
| **Reviewed by Administrative Council** | **Date** | | | |
| Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ |  | | | |
| Supervisory Officer Signature | Date | | | |