

École Intermédiaire Lawrence Grassi Middle School Council

Parent Council Project Request Form



Date Submitted: _____

Person Making Request	Email address:	Phone:

Organization:	Others involved (if any):	Project Name:

Project Description:

Total Value of Funds Requested:	

Project Supports (to be filled out by Board):

LGMS Principal Support and Comments:

COMMENTS:

Approved by:

Position	Name	Signature	Date
Chair			
Vice Chair			
Treasurer			
Secretary			
Communications Coordinator			
Volunteer Coordinator			
Member at Large			
Member at Large			
Member at Large			
Member at Large			

Please complete and return to adriennelawlor@shaw.ca