

SCDSB PRESENTATION APPLICATION FORM

Name of organization/ individual		
Contact information	Contact name:	
	Address:	
	Phone number:	
	Email:	
	Website:	
Target grade(s)		
Description of presentation		
Certificate of Insurance (COI)	COI attached - SCDSB must be listed as a certificate holder with minimum \$2,000,000 general liability coverage	
Notes/presentation(s)	Attached	
Handouts	Attached	N/A
Surveys/forms to be completed by students	Attached	N/A
Video link(s)		
Cost per student		
Describe physical activity involved		

Equipment/props supplied by vendor	
Equipment/props to be supplied by the school	
Preparatory activities	
Follow up activities	
Presentation is available in French	Yes No
Acknowledgements	
No photos will be taken or shared by you or your staff.	
Only information approved in this application will be shared with students. No other information will be presented/communicated to students.	
No advertising or promotional information will be sent home with staff and students.	
I/we acknowledge that use of the racial slur, N-word is prohibited – click here for the 2022-23 advisory.	
I/we understand that any discrimination, harassment, bullying, hate-related behaviour and aggression, on protected grounds under the Ontario Human Rights Code in any form (e.g., by conduct, electronic, printed or verbal) shall not be tolerated or condoned.	
Note: Student mental health – SCDSB references School Mental Health Ontario Decision Support Tool when reviewing applications.	
References	
Name and contact information:	
Name and contact information:	
Name and contact information:	
Completed by	
Name:	Signature:
	Date: