|  |  |
| --- | --- |
|  | |
| **TO:** | **REGIONAL DIRECTOR or ASSISTANT DIRECTOR-GENERAL, state schools – OPERATIONS (if an independent public school) {choose one, delete the other}** |
| **FROM:** | **PRINCIPAL, <NAME OF SCHOOL>** |
| **SUBJECT:** | **RECOMMENDATION TO DISSOLVE <NAME OF SCHOOL> SCHOOL COUNCIL** |
|  | |

# PURPOSE

1. The purpose of this memorandum is to recommend dissolution of the <NAME OF SCHOOL> School Council.

# BACKGROUND

1. The intention to formally dissolve our school council was published in the <NAME OF SCHOOL> school newsletter of <DAY> <MONTH> <YEAR>.
2. The reasons for the dissolution include <INCLUDE REASONS>.
3. These reasons have been made clear to both the school staff and the school community. Information on how submissions could be lodged about the proposed dissolution was provided.
4. I wish to confirm that the consultation process has been completed in relation to the dissolution of <NAME OF SCHOOL> School Council.

# CONSULTATION

1. Consultation has occurred with all stakeholders as indicated below. General support for the dissolution has been achieved. **(Please arrange signatures of Parents and Citizens’ Association (P&C) President and School Council Chair)**.

* School staff
* Secondary students (if applicable)
* School Council
* P&C Association
* Other Community Groups/Members (if applicable, please state the name of the group/s supporting the dissolution below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Submissions (if applicable) from the following persons were received and are attached.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# RECOMMENDATION

It is recommended that <NAME OF SCHOOL> School Council be dissolved.

|  |
| --- |
| (signature) |
| Principal |
| <NAME OF SCHOOL> |
| Date: / / |
|  |

|  |  |
| --- | --- |
| **APPROVED / NOT APPROVED** |  |
| {choose one, delete the other} |  |
| **Regional Director, <REGION>**  **/ /** |  |
| **Assistant Director-General, State Schools – Operations** |  |
| **/ /** |  |

# REQUIRED ACTION

If the Regional Director is the decision maker, Region to forward the signed memorandum to State Schools Division by email at [StateSchool.Feedback@qed.qld.gov.au](mailto:StateSchool.Feedback@qed.qld.gov.au) where a notice of the dissolution will be arranged to be published in the Queensland Government Gazette (as required under s.58(1)(b) of the *Education (General Provisions) Regulation* 2017).

If the Assistant Director-General is the decision maker, staff of the State Schools Division will publish a notice of the dissolution in the Queensland Government Gazette.