Simpson County School District

Request for Public Participation at School Board Meetings

Date of Request: _____ (*Must be submitted 5 working days prior to the board meeting)*

Requested By: _____
(Name of individual making request)

Contact Information:

Mailing Address of individual submitting request:

_____ _____ _____
Street or P.O. Box City/State Zip

Telephone number of individual submitting request: _____

Email address of individual submitting request: _____

In the space provided below, provide a summary of the issue that you wish to discuss with the school board.

_____
_____
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_____

Name of spokesperson for the individual or group: _____

Date received by the Simpson County School District: _____

Action on request: _____ Date: _____