



# Roanoke Rapids Graded School District

536 Hamilton St. Roanoke Rapids, North Carolina 27870-2702

(252) 519-7100

Fax (252) 519-7195

**Dr. Dain Butler**  
**Superintendent**

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## NOTIFICATION OF INTEREST FOR POSITION ON THE BOARD OF TRUSTEES OF THE ROANOKE RAPIDS GRADED SCHOOL DISTRICT

Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

I am a registered voter in the Roanoke Rapids Graded School District.   \_\_\_\_\_ yes   \_\_\_\_\_ no

I live within the Roanoke Rapids Graded School District.                   \_\_\_\_\_ yes   \_\_\_\_\_ no

Please include any additional information regarding your qualifications and/or interest in the office.  
You may attach additional sheets as necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_