

WARE COUNTY BOARD OF EDUCATION

REQUEST TO ADDRESS THE BOARD OF EDUCATION – WORK SESSION

Requests must be submitted to the Superintendent’s Administrative Assistant by 12:00pm on the Tuesday prior to the Monday Work Session. Presentations are limited to five minutes.

Name _____

Street Address _____

Mailing Address _____

*Organization, if any, on whose behalf you wish to appear:

Name	Address
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Telephone numbers where you may be reached:

Home/Cell _____ Hours _____

Business _____ Hours _____

Subject matter you wish to discuss and statement of desired outcome:

Do you plan or expect to make a complaint of report of wrongdoing, improper action, or neglect on the part of any school district official, teacher, administrator, board member, superintendent, or other employee? (Check one.) _____ YES _____ NO

If the answer is yes, what is the name and title of the individual?

Name	Title
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State succinctly the facts giving rise to your complaint or report, stating dates, places, what was done or not done of which you wish to make report, and why you consider it to be improper:

Signature _____

Date _____

*Where several persons are part of the same organization or wish to be heard on the same issue, only one representative may be heard.