

# U.S.D. #447 Cherryvale Public Schools

## Request to Appear Before the Board of Education

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Individual or organization (if any) you represent: \_\_\_\_\_

Organization's address: \_\_\_\_\_

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

District official's signature: \_\_\_\_\_

Date received: \_\_\_\_\_ Time received: \_\_\_\_\_

Note: The policy BCBI does not apply to special board meetings unless the special meeting is a public hearing.