

**REQUEST TO APPEAR BEFORE
THE BARROW COUNTY BOARD OF EDUCATION**

Name of Citizen _____ Date _____

Address _____ Phone Number _____

Reason/Concern for Board of Education's Review:

I request to speak before the Board of Education to present above reason/concern:

Yes _____ No _____

I request to submit written statement before the Board of Education to present above reason/concern:

Yes _____ No _____

(WRITTEN STATEMENT ATTACHED IN LIEU OF VERBAL PRESENTATION)

Suggestions for resolution of concern:

THIS FORM MUST BE FILLED OUT COMPLETELY AND SUBMITTED TO THE SUPERINTENDENT'S OFFICE NO LATER THAN 12:00 NOON ON FRIDAY BEFORE THE REGULARLY SCHEDULED BOARD OF EDUCATION MEETING. IN THE CASE OF SPECIAL CALLED MEETINGS BY THE BOARD, THE "REQUEST TO APPEAR" FORM MUST BE FILLED OUT AT LEAST TWO (2) BUSINESS (WORKING) DAYS PRIOR TO THE BOARD OF EDUCATION SPECIAL MEETING.

(I understand that by Board of Education Policy/Procedure I will have three (3) minutes to make a verbal presentation. Additional time may be considered if Board Chair determines more time is needed for presentation of information.)

SIGNATURE DATE _____

SUPERINTENDENT'S SIGNATURE TO PLACE REQUEST ON BOARD OF EDUCATION AGENDA DATE _____

