



RANKIN COUNTY SCHOOL DISTRICT BOARD AGENDA REQUEST FORM

School / Department Name: _____

Subject / Title: _____ Amount of Value: _____

Meeting Date: _____

**DEADLINE: END OF BUSINESS DAY TUESDAY (4:30 pm)
THE WEEK BEFORE BOARD MEETING**

****Anything after the deadline, you must contact your supervising Assistant Superintendent.**

Description of Request:

Include all information necessary for consideration of this item by the Rankin County Board of Education.
Please attach any documentation requiring board and / or superintendent signatures.

SUBMITTED BY: _____ DATE: _____

PRINCIPAL: _____

APPROVED BY SUPERVISOR: _____ MEETING DATE: _____

SPECIAL INSTRUCTIONS:

ENTERED: _____

NOTIFIED: _____