

BUCKEYE VALLEY LOCAL SCHOOL DISTRICT

REGULAR BOARD OF EDUCATION MEETING

PUBLIC PARTICIPATION CARD

NAME	PHONE NUMBER	MEETING DATE
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ADDRESS	CITY	STATE	ZIP	EMAIL
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It is important to discuss concerns directly with the individual(s) involved before proceeding to other levels. Please list the school personnel with whom you have already made an appointment and discussed this issue.

SPECIFIC ISSUE YOU WOULD LIKE TO ADDRESS: _____

(USE OTHER SIDE IF NECESSARY)

PUBLIC PARTICIPATION GUIDELINES - THERE IS A 3 MINUTE DURATION LIMIT WHEN SPEAKING. State your name, address and group affiliation (if applicable). Complete this card and give to the Treasurer of the Board prior to the period of public participation. The Board President may interrupt, warn, or terminate a participant's statement when the statement is too lengthy, personally directed or irrelevant. Public commentary directed toward specific employees of the Board is prohibited.

I HAVE READ AND UNDERSTAND THE PUBLIC PARTICIPATION GUIDELINES: _____
SIGNATURE