



GREENE COUNTY SCHOOL SYSTEM

Meeting Title _____

Location: _____

Date of Event: _____

Facilitator/Title: _____

Start Time: _____ End Time: _____

	Payroll ID# (if applicable)	Name of Participant(s) (Please Print)	Role/Title (Principal, Teacher, Parapro, Parent, Student, Community Leader, etc.)	School	Department /Grade	Time		Signature
						In	Out	
1								
2								
3								
4								
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12								
13								
14								
15								

**IMPORTANT NOTICE: The following copies must be sent to the District Title Coordinator:
For School Year 2025-2026**

- ☐ Dated sign-in sheets
- ☐ Dated meeting agenda
- ☐ Minutes of meetings

- ☐ Copy of letter to parents (if applicable)
- ☐ Copy of all meeting invitations/notifications sent
 - Letter, email, newsletter, school website screen shot.