

**APPEARANCE FORM FOR COMPLETION BY PERSONS DESIRING
TO SPEAK TO THE BOARD OF EDUCATION**

NAME: _____

ADDRESS: _____
(street, road, etc.) and

MAILING ADDRESS: _____

Organization, if any, on whose behalf you wish to appear:

(Name) (Address)

Telephones where you may be reached:

_____ home, hours _____
_____ business, hours _____

Subject matter which you wish to discuss and a statement as to what you desire to have done: _____

Do you plan or expect to make a complaint or report of wrongdoing, improper action, or neglect on the part of any school district official, teacher, administrator, board member, superintendent or other employee? (Check One) _____ Yes _____ No

If the answer is yes, what is the name and title of that person?

(Name) (Title)

State succinctly the facts giving rise to your complaint or report, stating dates, places, what was done or not done that you wish to complain of or report, and why you consider it to be improper: _____

Date: _____

(Signature) (Superintendent)

ISSUED: July 1, 2001

TROUP COUNTY BOARD OF EDUCATION