



Proposed Resolution Submission

* 1. Full Name of School District

* 2. Full name of individual submitting for the school board

* 3. Title/Position of individual submitting for the school board

* 4. Phone number

* 5. Email address

* 6. Please provide the date on which the authoring school board approved submission of this resolution.

Date

Date

 

* 7. BE IT RESOLVED, MSBA URGES THE LEGISLATURE TO (please clearly and concisely state the action you would like the legislature to take):

* 8. DESCRIBE THE PROBLEM:

* 9. EXPLAIN WHY THIS IS A PROBLEM:

* 10. PROVIDE SUPPORTING DOCUMENTATION

Choose File

No file chosen

Done