Listening Session Registration Card Date: _____ Time: ____ Name: _____ City of Residence : ____ State: ___ Your relationship to ISD 191 (check all that apply): District Student Parent or guardian of a district student District resident District Taxpayer District Staff person Topic: _____ Give this card to the superintendent if you wish to address the Board during the listening session.

Listening Session Registration Card							
Date:							
City of Residence :	State:						
Your relationship to ISD 191 (check all that apply):							
 District Student Parent or guardian of a district stude District resident District Taxpayer District staff person 	nt						
Give this card to the superintendent if you during the listening se							

Date:	Listening Session Registratio	
	of Residence :	
Your r	elationship to ISD 191 (check all that apply	y):
0	District Student	
0	Parent or guardian of a district student	
0	District resident	
0	District Taxpayer	
0	District staff person	
Topic:		
Give	e this card to the superintendent if you wish during the listening sessio	

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 District Student Parent or guardian of a district student District resident District Taxpayer 	City	of Residence :	State:
 Parent or guardian of a district student District resident District Taxpayer 	our r	relationship to ISD 191 (check all ti	hat apply):
District residentDistrict Taxpayer	0	District Student	
District Taxpayer	0	Parent or guardian of a district st	udent
· •	0	District resident	
District staff person	0	District Taxpayer	
	0	District staff person	
	0	District Taxpayer	