

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.

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