

**SYLVAN UNION SCHOOL DISTRICT**  
**REQUEST TO ADDRESS THE BOARD**

***PLEASE PRINT***

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

☐ Parent    ☐ Community Member    ☐ Staff

School(s) \_\_\_\_\_

\_\_\_\_\_ Agenda Item

Your name will be called by the Board President. Once recognized by the Board President, please remember that you have a limited amount of time to comment. (BB 9323(c), Bylaws of the Board, Meeting Conduct).

Thank you for sharing your thoughts, comments and ideas. We value your input!



Board of Trustees  
Sylvan Union School District

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