



Coffeerville School District

DR. VIVIAN ROBINSON
SUPERINTENDENT

DEATRICE WHITE
ASSISTANT SUPERINTENDENT

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BOARD AGENDA REQUEST

NAME: _____

ADDRESS: _____

Contact Phone Number: _____

I make this request to be placed on the agenda to address the board on _____ 20____

Reason for request:

If this request is student related have you spoken to the building principal? **YES NO**

Name of other school officials that you have expressed your concern(s) to before appearing before the board: _____

State specifically how the principal or school official advised you that your concern would be resolved:

This request must be submitted before noon **Wednesday** prior to the Board Meeting.

Signature: _____ Date: _____ 20____

Note: Anyone who wishes to be placed on the agenda to address the board will have three minutes to complete their address at the end of the board session.