

**RATIONALE:**

**RESOLUTION:**

**ASBSD Delegate**

**Assembly**

**Call for Resolutions Form**

**SUBJECT / TITLE:**

(Attach additional pages and resolutions as necessary)

Approved by the (school district) School Board on

 \_ (date)

Signed: Board Contact Person:

(Board President)

**To ensure all delegates and the boards they represent have adequate time to review your**

**resolution, please submit by Tuesday, November 6.**