

ASBSD Delegate  
Assembly



## Call for Resolutions Form

**SUBJECT / TITLE:**

**RESOLUTION:**

**RATIONALE:**

(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, October 21.**