

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, November 10.