

# BENTON PUBLIC SCHOOLS

## REQUEST TO ADDRESS THE BENTON BOARD OF EDUCATION:

**SPEAKER'S NAME:** \_\_\_\_\_

**SPEAKER'S ADDRESS:** \_\_\_\_\_

**TELEPHONE NO.:** \_\_\_\_\_

**GROUP REPRESENTED:** \_\_\_\_\_

**EXPLANATION OF TOPIC TO BE PRESENTED:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUGGESTED REMEDY (IF APPLICABLE):**  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SPEAKER'S SIGNATURE

\* THIS FORM MUST BE COMPLETED AND PRESENTED TO THE SUPERINTENDENT OR HIS/HER DESIGNEE BY 4:00 P.M. FIVE WORKING (5) DAYS PRIOR TO THE SCHOOL BOARD MEETING FOR CONSIDERATION, BY THE SUPERINTENDENT AND SCHOOL BOARD PRESIDENT, FOR INCLUSION ON THE BOARD MEETING AGENDA.

FOR DISTRICT USE ONLY:

RECEIVED ON THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, AT \_\_\_\_ O'CLOCK \_\_.M.

PLEASE RETURN TO:

DR. MIKE SKELTON, SUPERINTENDENT  
BENTON PUBLIC SCHOOLS  
P.O. Box 939  
BENTON, ARKANSAS 72018

BY: \_\_\_\_\_