



Coffeeville School District

DR. VIVIAN ROBINSON

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.