



Quitman County Schools

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Mr. Jon-Erik Jones
Superintendent

Board of Education

Mr. Willie J. Anderson, Chairman
Mr. Jimmy Eleby
Mrs. Christl Green
Mr. Larry Willborn

Public Participation Request Form

In order to ensure that persons who wish to appear before the Board may be heard and at the same time, allow the Board to conduct its meetings properly and efficiently, the Board has adopted Policy BCBI, Public Participation in Board Meetings.

To ensure effective public participation during the 6:00 p.m. business meetings of the Board, the following procedures are in effect:

A speaker addressing the Board:

1. Should attempt to resolve through all appropriate school administrative levels before bringing the matter to the Board of Education.
2. Must notify the Superintendent's Office in writing by 12:00 p.m. (noon) on the Monday prior to the board meeting of his or her intent to address the Board by filling out the form below.
3. Must provide in advance specific information as to the topic/concern to be addressed.
4. Must limit comments to three (3) minutes and end promptly when the allotted time has expired.
5. May not yield his/her time to another speaker who has not signed up in advance and has not completed the speaker's form. (Speakers also may not share the microphone with nonscheduled speakers.)
6. Speakers will remain courteous and respectful throughout their remarks, always avoiding inappropriate language or behavior.
7. The Board vests in its chairman or other presiding officer, the authority to terminate the remarks of any individual who does not adhere to the rules established here.

The following information is required for each speaker wishing to address the Board:

PRINTED NAME: _____ ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS _____

MEETING DATE: _____

ARE YOU SPEAKING ON BEHALF OF A GROUP? YES NO

If yes, group name: _____

Quitman County School District does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender, gender identity, age, religion, national origin, or disability in its programs, services, or activities—in access to them, in treatment of individuals, or in any aspect of their operations.

Comments will focus on the following topics (Please be specific.):

SIGNATURE: _____

DATE: _____

RECEIVED and ACKNOWLEDGED:

District Office Use Only

Superintendent or Designee: _____

Date: _____