## FORM FOR NOTIFYING SCHOOL BOARD OF COOPERATIVE EDUCATIONAL SERVICE AGENCY CONVENTION

TO: District Clerks and Administrators of School Districts in Cooperative Educational Service Agency No. 9, State of Wisconsin

In compliance with State Superintendent of Public Instruction Tony Evers request RE: that the chairperson of the Cooperative Educational Service Agency indicate to you the date, hour, and place at which a convention of school district board representatives will be convened, the following information is submitted:

| That  | Paul A    | . Merry   |       |           | is the Chai | rperson o  | of Cooperative Educational     |
|-------|-----------|-----------|-------|-----------|-------------|------------|--------------------------------|
| Servi | ce Agen   | cy No     | 9_    | That      | said Chairp | erson ha   | s determined that such         |
| conve | ention wi | ill begir | n at  | 7:00      | o'clo       | ock in the | p.m. in the conference room of |
| the _ | CESA      | 9 Office  | е     |           | in the City | of         | Tomahawk                       |
|       |           | on        | Augus | st 7, 201 | 7           |            |                                |
|       | Date      |           | -     |           |             |            |                                |

That arrangements have been made for such convention at the time and place indicated above, and

That you are requested to inform the member representative of your school board of the time and place of said convention.

Signed:\_\_\_\_\_ Chairperson, CESA Board of Control

Date: 4/5/2017

## FORM FOR NOTIFYING THE SECRETARY (ADMINISTRATOR) OF CESA NO. 9 OF A SCHOOL DISTRICT 'S REPRESENTATIVE TO AN AGENCY CONVENTION

TO: The Administrator of CESA No. 9

| At a meeting of the School Board on _ | *, the school board                        |
|---------------------------------------|--|
|                                       | month day year                             |
| whose name appears below was appo     | binted representative of the               |
| School District to                    | the Cooperative Educational Service Agency |
| annual convention.                    |  |
|                                       |  |

Name of Board Member

Address of Board Member \_\_\_\_\_

Email Address of Board Member \_\_\_\_\_

The convention is to be held on <u>August 7, 2017</u>, at the time and place certified to me by the chairperson of CESA No. <u>9</u>. The representative of this school board named above is in possession of this information.

It is understood that only official delegates can be elected to the Board of Control (no alternates or substitutes).

Signed:

School Clerk

School District

Address

Date:

NOTE: Mail one copy to the CESA Administrator of your agency. Retain one copy for school district's file.

\* As per s. 116.02(1)(a), Wis. Stats., this date must be **on or after the 4**<sup>th</sup> **Monday in April.**