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 be month /day /year whose name appears below was appointed representative of the	
School District to the Cooperative Educational Service Agency annu	al convention.
Name of Board Member	
Address of Board Member	
E-mail	
The convention is to be held on <u>August 6, 2018</u> , at the time and p by the chairperson of CESA No. <u>9</u> . The representative of this so above is in possession of this information.	place certified to me chool board named
It is understood that only official delegates can be elected to the Ealternates or substitutes).	Board of Control (no
Signed:	
School Clerk	
School District	
Address	
Date:	
NOTE: Mail one copy to the CESA Administrator of your agenc	y. Retain one copy

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

for school district's file.