

SCHOOL ADVISORY COUNCIL TOPIC CONSIDERATION FORM

NAME: _____ DATE _____
(Optional)

Topic: (What is the problem or issue that you would like discussed?)

Proposed Action/Solution: (What would you like to see done about it?)

Signature: _____ Phone: _____
(Optional)

Would you be willing to attend a meeting to discuss your topic? Yes ___ No ___

**Please return this form to the school office to the attention of
Mr. White (dwhite@marlborough.k12.ct.us)**