

**School District of Wauzeka-Steuben
Board of Education Meeting
Attendance Register**

Date _____

NAME	ADDRESS	STATUS	ISSUE
		I wish to speak to Board <input type="checkbox"/> I do not wish to speak to Board <input type="checkbox"/>	
		I wish to speak to Board <input type="checkbox"/> I do not wish to speak to Board <input type="checkbox"/>	
		I wish to speak to Board <input type="checkbox"/> I do not wish to speak to Board <input type="checkbox"/>	
		I wish to speak to Board <input type="checkbox"/> I do not wish to speak to Board <input type="checkbox"/>	
		I wish to speak to Board <input type="checkbox"/> I do not wish to speak to Board <input type="checkbox"/>	
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		I wish to speak to Board <input type="checkbox"/> I do not wish to speak to Board <input type="checkbox"/>	

Adoption Date: 6/16/2014, 5/19/2025

Date Revised & Reviewed: 5/19/2025