

SCHOOL DISTRICT REPRESENTATIVE TO ANNUAL MEETING OF ARTE I RPTCS

**_____ Please ✓ if having the same Representative for ARTEC RPTCS and/or ARTE, INC
It will not be necessary to fill out all forms, unless the Representative is different.**

The Board of Trustees of Kimberly School

District appoints _____ as its
Official representative to ARTE I RPTCS.

Mailing Address 141 Center St W

City Kimberly State ID Zip Code 83341

Business Phone (208)423-4170 Cell Phone _____

Email _____

I understand that, as my District's Representative to the ARTE I RPTCS
General Board, that I agree to represent my school district at the Annual
Meeting of ARTE I RPTCS the third Wednesday of September at 7:00 AM
on the College of Southern Idaho campus for the 2019-2020 school year.

I also agree to attend any special meetings of the Board if called.

Name

Date