



SCHOOL DISTRICT INFORMATION FORM

Please complete this **2023-2024 NDSBA School District Information Sheet** by **Friday, July 28, 2023**, and return to:

EMAIL: taylor.lassiter@ndsba.org | **FAX:** (701) 258-7992 | **ADDRESS:** North Dakota School Boards Association, 1224 West Owens Ave., Bismarck, ND 58501

DISTRICT NAME: _____

PHONE: _____ FAX: _____

MAILING ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP (9-digit): _____

DISTRICT CONTACT INFORMATION

ADMINISTRATOR'S NAME: _____

E-MAIL: _____ NEW SUPERINTENDENT

BUSINESS MANAGER'S NAME: _____

E-MAIL: _____ NEW BUSINESS MANAGER

BUSINESS MANAGER'S ADDRESS (If different): _____

BOARD MEMBERS (2023-24 school year): Your district email addresses will allow NDSBA to provide vital communication to your board members. Please take a moment to **include, and verify all available email addresses.**

Please indicate the **complete, current mailing addresses** including street number, route, box, zip code, etc. of each board member. **(If the current mailing address is not in this format, all mail will be returned by the post office as undeliverable.)**

NUMBER OF BOARD MEMBERS: _____ **CURRENT VACANCIES?** YES NO

1. PRESIDENT: MR. MS. _____ NEW MEMBER

YEARS SERVED ON THE BOARD (if not new): _____

HOME ADDRESS (Rte., Box, St.): _____

PHONE: W _____ H _____ C _____

CITY: _____ ST: _____ ZIP (9 digit): _____

E-MAIL: _____

2. BOARD MEMBER: MR. MS. _____ NEW MEMBER

YEARS SERVED ON THE BOARD (if not new): _____

HOME ADDRESS (Rte., Box, St.): _____

PHONE: W _____ H _____ C _____

CITY: _____ ST: _____ ZIP (9 digit): _____

E-MAIL: _____

3. BOARD MEMBER: MR. MS. _____ NEW MEMBER

YEARS SERVED ON THE BOARD (if not new): _____

HOME ADDRESS (Rte., Box, St.): _____

PHONE: W _____ H _____ C _____

CITY: _____ ST: _____ ZIP (9 digit): _____

E-MAIL: _____

4. BOARD MEMBER: MR. MS. _____ NEW MEMBER

YEARS SERVED ON THE BOARD (if not new): _____

HOME ADDRESS (Rte., Box, St.): _____

PHONE: W _____ H _____ C _____

CITY: _____ ST: _____ ZIP (9 digit): _____

E-MAIL: _____

5. BOARD MEMBER: MR. MS. _____ NEW MEMBER
YEARS SERVED ON THE BOARD (if not new): _____
HOME ADDRESS (Rte., Box, St.): _____
PHONE: W _____ H _____ C _____
CITY: _____ ST: _____ ZIP (9 digit): _____
E-MAIL: _____

6. BOARD MEMBER: MR. MS. _____ NEW MEMBER
YEARS SERVED ON THE BOARD (if not new): _____
HOME ADDRESS (Rte., Box, St.): _____
PHONE: W _____ H _____ C _____
CITY: _____ ST: _____ ZIP (9 digit): _____
E-MAIL: _____

7. BOARD MEMBER: MR. MS. _____ NEW MEMBER
YEARS SERVED ON THE BOARD (if not new): _____
HOME ADDRESS (Rte., Box, St.): _____
PHONE: W _____ H _____ C _____
CITY: _____ ST: _____ ZIP (9 digit): _____
E-MAIL: _____

8. BOARD MEMBER: MR. MS. _____ NEW MEMBER
YEARS SERVED ON THE BOARD (if not new): _____
HOME ADDRESS (Rte., Box, St.): _____
PHONE: W _____ H _____ C _____
CITY: _____ ST: _____ ZIP (9 digit): _____
E-MAIL: _____

9. BOARD MEMBER: MR. MS. _____ NEW MEMBER
YEARS SERVED ON THE BOARD (if not new): _____
HOME ADDRESS (Rte., Box, St.): _____
PHONE: W _____ H _____ C _____
CITY: _____ ST: _____ ZIP (9 digit): _____
E-MAIL: _____

DEMOGRAPHICS: To the best of your ability, please fill out the following demographic information that will help provide us with insight into how to best serve our membership. Data WILL NOT be shared outside of NDSBA in unaggregated form.

AGE: PLEASE INDICATE THE NUMBER OF BOARD MEMBERS IN EACH AGE GROUP

18 - 25 YRS: _____ 26 - 35 YRS: _____ 36 - 54 YRS: _____ 55 - 65 YRS: _____

66 YRS AND OVER: _____

REMEMBER TO SAVE AND PRINT A COPY OF THIS FORM BEFORE CLOSING. PLEASE RETURN TO THE NDSBA OFFICE BY FRIDAY, July 28, 2023.

EMAIL: taylor.lassiter@ndsba.org

FAX: (701) 258-7992

ADDRESS: North Dakota School Boards Association, 1224 West Owens Ave., Bismarck, ND 58501

Please Note: This is not the Policy Services Membership Form. You will receive a separate form with that registration attached!