

**AGENDA SUBMISSION FORM
SCHOOL DISTRICT OF WALTON COUNTY, FLORIDA
WALTON COUNTY SCHOOL BOARD**

MEETING DATE: _____

AGENDA ITEM NUMBER: _____

TITLE: _____

REQUESTED ACTION: _____

SUMMARY EXPLANATION AND BACKGROUND: _____

EXHIBITS ATTACHED:

1. Instructional Program Impact Statement:
2. Staffing Impact Statement:
3. Financial Impact Statement:

PREPARED BY: _____

BOARD ACTION:

SOURCE OF ADDITIONAL INFORMATION: _____

Approved Disapproved

Other (specify) _____

Name: _____

Phone: _____

(For use of official Board Record's office only)