



# 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](mailto: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.**

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**FAX:** (701) 258-7992

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