

ATTENTION SCHOOL BOARD SECRETARY

Board Candidate Information Form

To help provide the best service to your district and your board candidates, please complete the following candidate information and return this form by email to training@mosba.org, or fax to (573) 445-9981 **by 5 pm, January 26, 2023**.

DESE District Code:	District Name:		
Your Name:	Email:	Phone:	

Please type or print clearly. Use additional sheets if necessary.

Dr. Mr. Ms.	Candidate Name	Home Address, City, State, Zip	Phone	E-Mail	Incumbent	Term
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 Yr <input type="checkbox"/> 2 Yr <input type="checkbox"/> 1 YR
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 Yr <input type="checkbox"/> 2 Yr <input type="checkbox"/> 1 YR
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 Yr <input type="checkbox"/> 2 Yr <input type="checkbox"/> 1 YR
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 Yr <input type="checkbox"/> 2 Yr <input type="checkbox"/> 1 YR
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 Yr <input type="checkbox"/> 2 Yr <input type="checkbox"/> 1 YR
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 Yr <input type="checkbox"/> 2 Yr <input type="checkbox"/> 1 YR
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 Yr <input type="checkbox"/> 2 Yr <input type="checkbox"/> 1 YR
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 Yr <input type="checkbox"/> 2 Yr <input type="checkbox"/> 1 YR



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					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 Yr <input type="checkbox"/> 2 Yr <input type="checkbox"/> 1 YR

