

SIGNATURES OF MEMBERS OF THE GOVERNING BOARD

of the _____ School District

These signatures are required to be on file in the Office of the County Superintendent of Schools (E.C. 42633, 85233)

Print Name

Wet Signature

Print Name

Wet Signature

Print Name

Wet Signature

Print Name

Wet Signature

Print Name

Wet Signature

Signatures of all other persons authorized to sign orders in the name of the board:

Print Name /Title

Wet Signature

Print Name / Title

Wet Signature

Print Name /Title

Wet Signature

Print Name / Title

Wet Signature

Print Name / Title

Wet Signature

Verification: These signatures were executed in my presence this _____ day of _____, 20_____.

Name _____

Title _____

Wet Signature _____

Immediately following the meeting, forward to:

Kern County Superintendent of Schools
Attn: Christina Fabrizio
Division of Administration, Finance & Accountability
1300 17th Street – City Centre/6th Floor
Bakersfield, CA 93301

CERTIFICATE OF ELECTION OF TRUSTEE REPRESENTATIVE

This will certify that at the Annual Organizational Meeting of the _____
_____ School District,
_____ was duly elected to be the
“Trustee Representative” of said school district, and as such is authorized to cast one vote for
each member to be elected to the Kern County Committee on School District Organization at the
Annual Fall Trustees Meeting.

_____ was elected as alternate.

Clerk of the Board (Wet Signature)

Dated: _____, 20 _____

Immediately following the meeting, forward to:
Kern County Superintendent of Schools
Attn: Christina Fabrizio
Division of Administration, Finance & Accountability
1300 17th Street – City Centre/6th Floor
Bakersfield, CA 93301

CERTIFICATE OF ELECTION OF GOVERNING BOARD OFFICERS

We hereby certify that at the annual meeting of the Governing Board of the _____
_____ School District, held ____/ ____/ ____, the following
officers were elected (please include term of office, i.e. 2020-2024):

_____ President	_____ Street Address _____ City / Zip Code / Phone number	_____ Term
_____ Clerk	_____ Street Address _____ City / Zip Code / Phone number	_____ Term
_____ Member	_____ Street Address _____ City / Zip Code / Phone number	_____ Term
_____ Member	_____ Street Address _____ City / Zip Code / Phone number	_____ Term
_____ Member	_____ Street Address _____ City / Zip Code / Phone number	_____ Term
_____ Member	_____ Street Address _____ City / Zip Code / Phone number	_____ Term
_____ Member	_____ Street Address _____ City / Zip Code / Phone number	_____ Term

Immediately following the meeting, forward to:
Kern County Superintendent of Schools
Attn: Christina Fabrizio
Division of Administration, Finance & Accountability
1300 17th Street – City Centre/6th Floor
Bakersfield, CA 93301