



DISTRICT CLASSIFICATION FORM

To the District Clerk:

Please provide the following information for each LE in the district and return to the County Superintendent for their records.

LE Number:	District Name:
Number of Trustees:	
Is the board joint with any other board(s) – 20-3-361, MCA ?	

Joint Board Information

LE Number:	District Name:
Start Date:	
End Date:	

LE Number:	District Name:
Start Date:	
End Date:	

LE Number:	District Name:
Start Date:	
End Date:	

LE Number:	District Name:
Start Date:	
End Date:	

LE Number:	District Name:
Start Date:	
End Date:	

LE Number:	District Name:
Start Date:	
End Date:	

