

CERTIFICATE OF TRUSTEE APPOINTMENT

THIS IS TO CERTIFY that on the ____ day of _____, 20____,
_____ was appointed to fill the office of Trustee until the next
regular school election of said district, in accordance with [20-3-309](#), MCA

ISSUED this ____ day of _____, 20____

Print Board Chair’s Name

Board Chair Signature

Print District Clerk’s Name

District Clerk Signature

_____ School District No. _____, _____ County, State of Montana

File the following oath with the county superintendent within fifteen (15) days of your receipt of this Certificate of Election. Upon completion of taking and filing the oath of office, you will have the rights and obligations of a Trustee of the School Board pursuant to Montana law and in accordance with [20-3-324](#), MCA. You will hold this position until your successor has been qualified.

OATH OF OFFICE

I do solemnly swear (or affirm) that I will support, protect and defend the Constitution of the United States, and the Constitution of the state of Montana, and that I will discharge the duties of my office with fidelity (so help me God).

Printed name of newly elected Trustee

Signature of newly elected Trustee

Signed and sworn to before me this ____ day of _____, 20____, by _____
Printed Name of Candidate

Signature of County Superintendent/Designee or Notary

SEAL/STAMP

Printed name of County Superintendent/Designee or Notary

Notary Public for the State of Montana

Residing at: _____

My Commission Expires: _____, 20____

Received by county superintendent: _____