

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: February 20, 2020

Name: Chantel Williams and Brailyn Morrow (10 years old)

Are you representing: Yourself  Organization

Organization (If Applicable): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: 2266 Rockspring Rd. #3

City: Toledo State: OH Zip: 43614

Best Contact Telephone: 419-944-3725 Email: Telclariett@gmail.com

Do you wish to be added to the committee notice email distribution list? Yes  No

Business before the committee

Legislation (Bill/Resolution Number): HB9

Specific Issue: Ed Choice

Are you testifying as a: Proponent  Opponent  Interested Party

Will you have a written statement, visual aids, or other material to distribute? Yes  No

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? 5 minutes

Please provide a brief statement on your position:

I am hopeful that Traditional Ed Choice and the designated schools process/ grading will not change for families such as myself. I am also hopeful to share my testimony as to why Ed Choice has been a blessing for my 4th grader and I.

*Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.*