## WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 11/11/2024
Name: Mike Halaiko
Are you representing: Yourself  Organization
Organization (If Applicable):
Position/Title: Retired Ohio Public School Teacher, Administrator, and Coach
Address: 285 West Columbus Street
City: Pickerington State: Ohio Zip: 43147-1075
Best Contact Telephone: 740-605-3860 Email: mihalaj@icloud.com
Do you wish to be added to the committee notice email distribution list? Yes 🖂 No 🗌
Business before the committee
Legislation (Bill/Resolution Number): <u>HB445</u>
Specific Issue: A Specific Religion being taught on Public School Day Time
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: The Ohio Constitution, similar to the U.S. Constitution, prohibits the establishment of religion in public schools, meaning that religious instruction cannot be taught as part of the regular curriculum during the school day.

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.