DEPARTMENT of EDUCATION
Louisiana Believes

STUDENTS OF THE YEAR DISTRICT INFORMATION FORM

School District (LEA):		
District Contact/Coordinator:		
Position/Title:		
Mailing Address:		
City:	**State: Louisiana**	**Zip:**
Coordinator's Email:		
Telephone Number:	**Fax Number:**	

Please indicate your preference below:

____ Our LEA or Charter Management Organization will submit Student of the Year Nominations for grade(s) _____. (Please write in the grades.)

____ There will be no representative from my school system participating in the Regional Student of the Year Selection Committee.

____ My district/LEA would be interested in hosting at least one grade level of the Regional Students of the Year Competition. Districts within a region may share hosting duties, i.e. hosting only one grade level. Grade level preference _____

Signed: _____ Date: _____

(Superintendent)

The following community members and/or staff have expressed an interest in serving on a Regional Selection Committee:

NAME/POSITION	LEVEL PREFERENCE	MAILING ADDRESS	PHONE NUMBER	EMAIL ADDRESS