Student of the Year ---- District Information Form
2016

School District (LEA): _____

District Contact: _____

Position _____

Mailing address: _____

City: _____ **State**: **Louisiana** **Zip**: _____

Coordinator's e-mail: _____

Telephone Number: _____ **FAX Number:** _____

Please indicate your preference below:

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

_____ **My district would be interested in hosting all or part of the Regional Students of the Year Competition. Districts within a region may share hosting duties,** i.e. sponsoring only one grade level.

Signed: _____ Date: _____
(Superintendent)

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

Name / Position	Mailing Address	Phone Number	e-mail Address