



Student of the Year – LEA/ CMO Information Form 2018

School District (LEA or CMO): _____

District Contact/ Coordinator: _____

Position/Title _____

Mailing address: _____

City: _____ State: Louisiana Zip: _____

Coordinator's e-mail: _____

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 or CEO)

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

Name/ Position	Judging Level Preference	Mailing Address	Phone Number	e-mail Address

Submit this form by November 1 to marian.johnson@la.gov .