DEPARTMENT of EDUCATION
Louisiana Believes

Students of the Year
SCHOOL SYSTEM INFORMATION FORM

All school systems and CMOs are to submit this form to marian.johnson@la.gov by October 16, 2020.

School System:			
School System Contact/Coordinator #1:		**School System Contact/Coordinator #2:**	
Position/Title:		**Position/Title:**	
Coordinator's Email:		**Coordinator's Email:**	
Telephone Number:	**Fax Number:**	**Telephone Number:**	**Fax Number:**
Mailing Address:			
City:	**State: Louisiana**		**Zip:**

Please indicate your preference below:

○ Our school system 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 Students of the Year Selection Committee.

○ My school system would be interested in hosting at least one grade level of the Regional Students of the Year Competition. School systems within a zone or region may share hosting duties, i.e. hosting only one grade level. **Grade level preference** _____

Signed: X	**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