

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, 2021. 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: State: Louisiana Zip: City: 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 _____ Date: Signed: (Superintendent) The following community members or staff have expressed an interest in serving on a Regional Selection Committee: NAME/POSITION LEVEL PREFERENCE MAILING ADDRESS PHONE NUMBER **EMAIL ADDRESS**