**District Committee Members**

School System:

Students of the Year Coordinator: Phone: ( )

FAX: ( ) E-mail Address:

Elementary Representative: E-mail Address:

Telephone Number: ( ) FAX Number: ( )

Address:

Junior High Representative: E-mail Address:

Telephone Number: ( ) FAX Number: ( )

Address:

High School Representative: E-mail Address:

Telephone Number: ( ) FAX Number: ( )

Address:

There will be no representative from my school system participating in the Regional Student of

the Year Selection Committee

**I would be interested in hosting the Regional Students of the Year Program in my school**

**system. Districts within a region may co-host a program.**

Signed: Date:

(Superintendent)