**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)