



STUDENT OF THE DAY **NOMINATION FORM**

NAME _____

DISTRICT/BUILDING _____ GRADE _____

PARENTS' NAMES _____

TEACHER'S AND/OR PRINCIPAL'S NAME(S) _____

SPECIFIC REASON FOR NOMINATION:
(Required and needs to be completed by teacher)

SPECIAL PROJECT:
(Completed by teacher)

ACHIEVEMENTS/AWARDS:
(Completed by teacher or student)

EXTRACURRICULAR ACTIVITIES:
(Completed by teacher or student)

FUTURE PLANS:
(Completed by teacher or student)



Mail or email completed form to: Kathy Beyer
Lenawee Intermediate School District
4107 N. Adrian Hwy.
Adrian, MI 49221
Kathy.Beyer@lisd.us

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