



LOUISIANA STUDENTS OF THE YEAR 2020 APPLICATION



1. This application must be typed.
2. Parent/guardian and candidate must sign this page of this application.
3. Submit the completed application.

Applicant's Name: <i>(First Middle Last)</i>		Grade: <i>(5, 8, or 12)</i>
Home address:		
City:	State: Louisiana	Zip:
Parent/Guardian name(s):		
Home phone:	Parent cell phone:	Parent work phone:
Parent email:		
School name:		School phone:
Principal name:	Principal's email:	
School Mailing address:		
City:	State: Louisiana	Zip:
District Superintendent's name:		

PARENT OR GUARDIAN'S STATEMENT: In accordance with La. R.S. 17:3914 (Louisiana Student Privacy Act), I hereby grant permission for my child to participate in the Louisiana Students of the Year Awards Pro- gram. I further authorize access and use of any school records and demographic information necessary for this competition and the subsequent press release information about this competition concerning my child to the universities and to the news media.

Parent or Guardian's Name Typed:	Parent or Guardian's Signature: X
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STUDENT'S STATEMENT: I certify that the information on this application is correct and that all work sub- mitted by me during this competition is indeed mine.

Date:	Applicant's Signature: X
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