



## **Honoring Our Veterans**

Lincolnview Local Schools is proud to announce a special Veterans Day Celebration to be held on **Friday, November 8, 2024**. We would like to honor the Veterans of our Lincolnview student body and staff. We are very proud of the men and women who are bravely serving or have served our country. For this reason, we would like to honor them by announcing their name, branch, and family member(s) with whom they are attending with in our High School Gymnasium. Lincolnview would also like to pay tribute to those who have served that are no longer with us by reading their names in a special memorial portion of the program.

Please join us on **November 8<sup>th</sup> at 1:30 p.m. in the High School Gymnasium** to help show our appreciation to our Veterans.

\* If you have a Veteran who will be **participating** with a student(s), please *fill out the **TOP portion** of the attached form* & return to your child's teacher no later than **November 4** (as we will need a final count of those attending). **Note: for seating, please be aware that only the participating Veteran(s) and student(s) will be seated on the gym floor- all other family members/guests are asked to sit with the general audience (unless specific accommodations are requested).**

\*If you would like to include a Veteran(s)/ POW's name for the **memorial portion** of the program, please complete the **MIDDLE portion** on the attached form as we will be reading the names aloud during our program.

\*If your Veteran **cannot attend or is currently serving**, please fill out the **bottom portion** of the form as we will include his or her name in a special section of our program bulletin.

**Any questions can be directed to: Mrs. Stephanie Renner**  
**srenner@lvlancers.com , by calling 419-968-2214 ( Ext. 2217), [or] by texting (567) 259-6583**

**Veterans Day Celebration Form**

**This portion is for Veterans who will PARTICIPATE with a student in the program:**

**Participating Veteran(s) = Name & Branch:**

\_\_\_\_\_

\_\_\_\_\_

**Please list the student(s) who will be *walking* with your Veteran- INCLUDING their Homeroom Teacher and/or Grade**

Student -teacher/grade: \_\_\_\_\_ Student-teacher/grade \_\_\_\_\_

Student -teacher/grade \_\_\_\_\_ Student-teacher/grade \_\_\_\_\_

Student-teacher/grade \_\_\_\_\_ Student -teacher/grade \_\_\_\_\_

Any additional comments, special requests (including seating), or needs for your participating Veteran(s):

**Please have your participating Veteran(s) arrive by 1:20 pm on the day of program so they may be seated with their student(s)**

**Memorial- Portion of the Program: (Their name(s) will be read during the program.)**

Veteran/POW's Name(s): \_\_\_\_\_

Family Member of: \_\_\_\_\_

Any additional Memorials-

**Honoring a Veteran who cannot attend or is currently serving:**

*Your Veteran's name will be placed in a special section of our program bulletin.*

Veteran's Name: \_\_\_\_\_

Family Member of: \_\_\_\_\_

**PLEASE RETURN FORM NO LATER THAN November 4<sup>th</sup> (firm deadline).**

**\*\*Use the back of this form for additional names if needed\*\***