

KID OF THE WEEK NOMINATION FORM

Thank you for your participation. Please fill out a copy of this form for each student you wish to nominate for our Kids of the Week spotlight. You may use the attached sheet as an example in determining the amount of information needed. Return the completed to the address below. Can also be emailed (with photo attached).

Please remember to attach a **recent photo** of the child in the box below. **Nominations can not be accepted without photos.**

KID OF THE WEEK NOMINATION FORM

SCHOOL: _____

CHILD'S NAME: _____ CHILD'S AGE: _____ GRADE: _____

CHILD'S TEACHER: _____ (Middle schools: Use homeroom teacher)

NOMINATED BY: _____

REASON CHILD WAS NOMINATED: _____

CHILD'S BEST SUBJECTS: _____

CHILD'S HOBBIES: _____

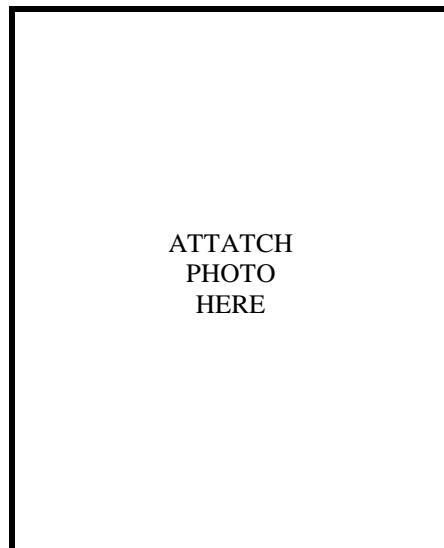
CHILD'S PARENT(S): _____ From what town? _____

SIBLINGS: _____ PET(S): _____



PLEASE RETURN ALL
COMPLETED FORMS TO:

THE TOTAL
CONNECTION
P.O. BOX 417
WENDELL, NC 27591



ATTATCH
PHOTO
HERE



IF YOU HAVE QUESTIONS
CONCERNING THIS
PROGRAM, CALL US AT:

(919) 365-7395
OR E-MAIL
totalconnect@bellsouth.net

This is an ongoing program...please make copies of this form and use as necessary.