

## OFFICIAL CLASS ROSTER – STATE LEVEL HEARINGS 2013 – 2014

PLEASE TYPE School District Name				
School Name				
School Address				
City/Town				
Area Code and Telephone	Ema	il		
Principal				
Class Teacher (Contact Person)				
Course Name/Title				
Grade Level	Total Enrollment			
STUDENTS (Please type in alph	nabetical order.)			
Last Name	First Name		Unit	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11.				

Last Name	First Name	Unit	Comments
12			
30(Please use an addition	al sheet if needed.)		
This is to certify that th	ne above class qualifies for competite the People: The Citizen and the Con	tion under the Rules for	
Teacher's Signature		Date	
Principal's Signature		Date	
Congressional District C	Coordinator Name		
State Coordinator Name			