Friends of Education

NOMINATION FORM

Name of Person(s) or Company To Be Nominated (non-BTPS staff):
(Attach list if additional space is required)

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_____

Description of the Achievement: (Provide some detail. Please be Specific)
Note: This contribution to education must be significant and go beyond normal contributions and volunteering. It is expected that schools will recognize contributors and volunteers, but that when this contribution or volunteering become exceptional, then recognition will be made by the jurisdiction under this procedure.

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Name(s) of Nominator(s): (Please state whether nominator is a school administrator, school council, board trustee, or system administrator)

_____

_____

Date of Nomination: _____

SEND TO: **BUFFALO TRAIL PUBLIC SCHOOLS**
FAX: 780-842-3255
superintendent@btps.ca

Central Services use only:

ACTION:

DATE: