



## Exemplary Practice

### NOMINATION FORM

**Name of Person(s) (BTPS staff) or School to be Nominated:**  
(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 from a divisional employee and be significant and beyond normal work contributions and volunteering. The employee must have provided exceptional service to their school and/or jurisdiction.

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

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**Date of Nomination:** \_\_\_\_\_

**SEND TO: BUFFALO TRAIL PUBLIC SCHOOLS**  
**FAX: 780-842-3255**  
[superintendent@btps.ca](mailto:superintendent@btps.ca)

Central Services use only:

ACTION:

DATE: