

**COUNTY ACADEMIC RECOGNITION AWARDS  
HIGH SCHOOL STUDENT FORM**

SCHOOL \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

THIS FORM COMPLETED BY \_\_\_\_\_

Name of Competition \_\_\_\_\_

Name of Award \_\_\_\_\_

Recognition Level: (Circle)                  Regional                  State                  National

Is this a first place award: (Circle)                  Yes                  No

Name of Recipient \_\_\_\_\_

Grade \_\_\_\_\_                  Sex \_\_\_\_\_

**(Give parent/guardian names as they should be announced during the ceremony.)**

Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Special Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_