

WNYFLEC S.T.A.R. Nomination Form

Please print all information and return this form by April 15th to the following address:

Julie Aguglia
61 Pamela Court
West Seneca, NY 14224

Teacher Name: _____

School Name: _____

School Address: _____

School Email Address: _____

Phone #: (day) _____ (evening) _____

****You may nominate up to 3 students for the S.T.A.R. awards banquet****

Student Name: _____ Grade: _____

Name of Parent(s)/Guardian (s): _____

Home Address: _____

Town: _____ Zip Code: _____

Home Phone #: _____

Student Name: _____ Grade: _____

Name of Parent(s)/Guardian (s): _____

Home Address: _____

Town: _____ Zip Code: _____

Home Phone #: _____

Student Name: _____ Grade: _____

Name of Parent(s)/Guardian (s): _____

Home Address: _____

Town: _____ Zip Code: _____

Home Phone #: _____

Number of Nominated Students: _____ @ \$7/student \$ _____

(NOTE: this fee does not cover student's meal: parent is responsible for remainder of cost if attending)

Teacher cost if attending awards ceremony: \$15 \$ _____

Total Payment: \$ _____

Please make checks payable to: WNYFLEC (maximum of \$36)