

*Nomination for Special recognition of a CAFN Elementary Student.*

Name of school staff member nominating student: \_\_\_\_\_

Name of student nominee: \_\_\_\_\_

Name of school \_\_\_\_\_ Grade \_\_\_\_\_

Reason student is being nominated (please provide artwork, letters from teachers, letters from elders etc.): \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

If possible please provide a picture of the student to put in the CAFN newsletter.

Please hand this form to either Luke Campbell or drop it off at the front desk at the office ATTN: Luke Campbell.

**Please leave below blank.**

Parent(s)/Guardian(s) of nominee: \_\_\_\_\_

Contact information of parent(s)/Guardian(s):

Main Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Permission from parent(s)/guardian(s) to post photo in newsletter      Yes \_\_\_\_\_      No \_\_\_\_\_