



Shining Star Nomination Form



Student Information:

First Name _____ Last Name _____

School District _____

School _____ Grade _____ Subject _____

Nomination Information:

Academic Rating:

Prior: Poor - Fair - Excellent
 1 2 3 4 5

Current: Poor - Fair - Excellent
 1 2 3 4 5

Attendance Rating:

Prior: Poor - Fair - Excellent
 1 2 3 4 5

Current: Poor - Fair - Excellent
 1 2 3 4 5

Classroom Conduct Rating:

Prior: Poor - Fair - Excellent
 1 2 3 4 5

Current: Poor - Fair - Excellent
 1 2 3 4 5

Extra-Curricular Activities Rating:

Prior: Poor - Fair - Excellent
 1 2 3 4 5

Current: Poor - Fair - Excellent
 1 2 3 4 5

Nominating Teacher Information:

First Name _____ Last Name _____

School _____ Email _____

How has the student improved and to what extent? (500 words or less)

Mail to: 1052 Andrew Drive, West Chester, PA 19380
484-356-0400 • Fax: 484-356-0403



Due by 3/30/2012



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