

OFFICIAL CLASS ROSTER & STATE LEVEL HEARINGS

PLEASE TYPE

School District Name _____

School Name _____

School Address _____

City/Town _____ State _____ Zip _____

Area Code and Telephone _____ Email _____

Principal _____

Class Teacher (Contact Person) _____

Course Name/Title _____

Grade Level _____ Total Enrollment _____

STUDENTS (Please type in alphabetical order.)

Last Name	First Name	Unit	Comments
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Last Name	First Name	Unit	Comments
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			

(Please use an additional sheet if needed.)

This is to certify that the above class qualifies for competition under the Rules for High School Competition in the We the People: The Citizen and the Constitution program.

Teacher's Signature _____ Date _____

Principal's Signature _____ Date _____

Congressional District Coordinator Name _____

State Coordinator Name _____