

OFFICIAL CLASS ROSTER D 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 \_\_\_\_\_