

EXCELLENCE IN SUPPORTING STUDENT SUCCESS AWARD

NOMINATION FORM

NOMINATOR CONTACT INFORMATION

This award recognizes members of Foothills School Division's support staff who exemplify the division's Mission Statement in their work with or in support of students.

Employees of Foothills School Division AND community members (e.g. students, parents/guardians, school volunteers, etc.) are invited to submit nominations. A support staff member may only be nominated once within a five year period. For more information, please review the Award Criteria (AP415 – *Staff Recognition*).

Please submit completed forms in person, via e-mail or fax to the relevant School Principal

If you are a staff member please complete Section A. If you are a community member (e.g. student, parent/guardian, school volunteer, etc.), please complete Section B.	
SECTION A: NOMINATION MADE BY A STAFF MEMBER	
Name:	
Title:	
School/Department/Office:	
SECTION B: NOMINATION MADE BY A COMMUNITY MEMBER *Required Information	
*Name:	
*Please describe your connection to the staff member you are nominating (e.g. student, parent, school volunteer, etc):	
Address:	
Town:	Postal Code:
*Phone:	Cell:
Email:	

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Support Staff Member's Name:	
Position:	
School/Department/Office:	
Tell us why you are nominating this support (Attach supplementary information if you wish)	ort staff member for recognition.
Date:	Signature:
This information is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and will be used in the administration of this initiative. If you have any questions about the collection of this information, contact the FOIP Manager, 129 – 4 Avenue West, High River, AB, T1V 1M7 at 403 652 3001	
For Internal Use Only:	
Date & Name of Receiving School/Dept./Office:	
Principal/Department Head's Recommendation:	
Principal/Department Head's Signature:	
Date received by Human Resource Manager, Division Office:	
Superintendent's Signature:	