

2019

LASC STATE STUDENT COUNCIL WEEK FORM

SCHOOL NAME: _____

DATE OF YOUR STUDENT COUNCIL WEEK: _____

LIST EVENTS HELD DURING YOUR CELEBRATION:

LIST ANY COMMUNITY/SCHOOL SERVICE PROJECTS:

DID YOU RAISE MONEY FOR THE STATE CHARITY? _____
IF SO, HOW MUCH \$\$\$ DID YOU COLLECT? _____

RATE YOUR WEEK ON A SCALE OF 1-10 (10 is highest) _____

**SEND IN THIS REPORT TO MR. PHIL,
213 West 7th Street,
Thibodaux, LA 70301**

BEFORE OR BY MAY 18th.....PLEASE!