2019
LASC STATE STUDENT COUNCIL WEEK FORM

SCHOOL NAME: ____________________________________________

DATE OF YOUR STUDENT COUNCIL WEEK: _________________

LIST EVENTS HELD DURING YOUR CELEBRATION:
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LIST ANY COMMUNITY/SCHOOL SERVICE PROJECTS:
___________________________________________________________
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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!