

**2018**

**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 7<sup>th</sup> Street,  
Thibodaux, LA 70301**

**BEFORE OR BY MAY 14th.....PLEASE!**