



**OFFICIAL CLASS ROSTER – DISTRICT LEVEL HEARINGS 2009 – 2010**

*DEADLINE: October 30, 2009*

***PLEASE TYPE/PRINT***

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/print in alphabetical order.)**

	<i>Last Name</i>	<i>First Name</i>	<i>Unit</i>	<i>Comments</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

**(over)**

	<i>Last Name</i>	<i>First Name</i>	<i>Unit</i>	<i>Comments</i>
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 \_\_\_\_\_

**Please email, mail, or fax form to:**

**Erin Crowe, Program Director  
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