

Asian Youth Leadership Summit and Asia Resources and Cultural Fair

SATURDAY, October 6, 2012

STUDENT RECOMMENDATION FORM

_____ **INDEPENDENT SCHOOL DISTRICT**

(Please insert your School District's Name)

NAME OF MIDDLE SCHOOL (or) HIGH SCHOOL: _____

Student Name: _____

Student Age and Grade Level: Age _____ Grade Level: _____

Parent or Guardian Contact Information:

Name: _____ **Relationship to Student:** _____
(Parent, Grandparent, Legal Guardian)

Home Address: _____
(Street, City, Zip)

Email Address: _____

Contact Telephone Number(s):

Work: _____ **Home:** _____ **Cell:** _____

School Counselor, Teacher, Parent or Community-organization Leader Submitting Recommendation:

(Include your name and indicate one of the above categories...School Counselor, Teacher, Parent or Organization Leader)

School Counselor, Teacher or Organization Leader Contact Information:

Email Address: _____

Work: _____ **Cell:** _____ *(Optional)*

Reason(s) for Student Recommendation:

Thank you for your time and recommendations!

RSVP DATE: Saturday, May 5, 2012

PLEASE RETURN TO: Mae Marshall at mae.marshall@texasdiversitycouncil.org