Top Teacher

NOMINATION FORM COVER SHEET

(Active Teachers In Grades K-12 Only)

Teacher's Name _____ Teaching Grade _____

School _____

School Address _____

_____

_____ _____ _____
City State Zip

School Phone _____

The Last Day Students Attend School For The Year _____

FOR SCHOOL ADMINISTRATOR ONLY

Signature _____ Date _____

Please Print Name_____ Title _____

Administrator's Email Address:_____

IMPORTANT - Please verify the teacher's name above as it should appear on the certificate. Thank you.

TEACHER'S NAME _____

This Cover Sheet **and** attached Nomination Form must be signed by
The Principal, Assistant Principal or Headmaster for consideration.

Please mail this Cover Sheet and the completed Nomination Form to:

WTOC-TV Top Teacher
P.O. Box 8086
Savannah, GA 31412
or
Fax to: (912) 231-9109

Top Teacher
NOMINATION FORM

Name of Person Submitting Nomination _____

Address _____

_____ _____ _____

Phone _____

Email address if available _____

Relationship to Nominee (parent, student, co-worker, etc.) _____

Please use the space below tell us what makes your nominee a "Top Teacher".
For example:
How does your favorite teacher share a love of learning with students at your school? What civic and volunteer activities does your nominee participate in that make a difference for children in our community? How is your nominee a positive role model for today's youth?
(Attach additional page if necessary.)

SCHOOL ADMINISTRATOR

Signature _____ Date _____

Cover Sheet **and** this Nomination Form must be signed by the Principal, Assistant Principal or Headmaster for consideration.
Mail both to the address, or fax to the phone number, on Cover Sheet.