

**STUDENT OF THE MONTH
RECOGNITION PROGRAM FORM**

Contact: _____ **Email to:** s.dispatch@co.hillsdale.mi.us

School: _____ **Fax to:** (517) 437-0822

Or

Address: _____ **Mail to:** Sheriff Stan W. Burchardt
c/o Student of the Month
Hillsdale County Sheriff's Office
165 W. Fayette Street
Hillsdale, MI 49242

Month: _____

IN ORDER TO REDUCE SPELLING ERRORS, WE ASK THAT YOU PLEASE PRINT LEGIBLY OR TYPE THE NAMES OF THE STUDENTS THAT YOU WOULD LIKE RECOGNIZED AND WHY.

_____ **Grade:** _____

_____ **Grade:** _____

_____ **Grade:** _____

_____ **Grade:** _____

STUDENT OF THE MONTH BUMPER STICKERS: YES _____ NO _____

Your response is respectfully requested by the 15th of each month