Return to:
Elementary School Main Office
Middle School Guidance Office
High School Guidance Office
by **October 27, 2017**

Spartanburg School District 3
ACADEMIC ATLAS
Self-Nomination Form

PLEASE PRINT:

Student's **full** name (first, middle, last):_____

School: _____ Grade:_____

Parent/Guardian Name:_____

Mailing address:_____

_____

Cell Phone Number:_____ Home Phone Number:_____

Homeroom Teacher Name: _____

I feel that I should be in Academic ATLAS because:

_____

_____

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Student Signature_____ Date:_____