



**Scholastic Awards Application**  
**Elementary School- Team Nominations**



Parents, please fill out this form and have your child get their teacher to sign-off on the form.

Player's Name: \_\_\_\_\_ Coach's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Contact Phone No. \_\_\_\_\_ email: \_\_\_\_\_

Parents Please Complete the Following:

**Classroom Attitude (Example: Participation, Cooperation with others, independent studies, behaviour)**

Excellent       Very Good       Good       Average       Needs Improvement

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Participation in extra-curricular Activities (Example: Sports Teams, Clubs, Choir, and Band)**

Excellent       Very Good       Good       Average       Needs Improvement

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Homework (Example: Completion, Quality)**

Excellent       Very Good       Good       Average       Needs Improvement

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Attendance (example: number of absences, lates)**

Excellent       Very Good       Good       Average       Needs Improvement

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return by fax at (905)874-2394 or email to amerrithew@battalionhockey.com