



Georgia Reader of the Year Nomination

Please make sure writing is legible

Award Category: Please mark the award category that student qualifies

- Reader of the Year
- Bob W. Jerrold Award
- Lindy Lopez-Butner Award

Nominee's Name _____ Grade _____

School _____ School System _____

Teacher's Name _____

Teacher's E-mail _____ Telephone # _____

Parent/Guardian Name _____

Parent/Guardian Address _____

Parent / Guardian E-mail _____ Telephone # _____

Parent/Guardian Consent: I give my consent for the nominee listed above to participate in the Georgia Association of Literacy Advocates Award Program.

Parent/Guardian Signature _____

Permissions to use photographs

Photographs of my child may be posted on the Georgia Association of Literacy Advocates web site. **Yes** **No**

