



San Benito Consolidated Independent School District

SPECIAL RECOGNITION

For the Regular Meeting of the Board of Trustees

(PLEASE TYPE)

Campus: _____

Activity/Event(s): _____

Achievement(s): _____

NOTE: Teacher/sponsor(s) will be responsible for notifying the students' parents/guardians regarding the date/time of the relevant board meeting.

NAME	HONOR	GRADE	CAMPUS
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____

Teacher/Sponsors(s): _____

What? • When? • Where? _____

RETURN COMPLETED* FORM TO: Isabel C. González, Director of Public Relations
San Benito CISD Communications Department / KSBG TV
(956) 276-6030 • icgonzalez@sbcisd.net

* Form must be submitted two (2) weeks prior to the regularly scheduled board meeting.