

**Xenia Community Schools
Pride Certificate Nomination Form**

Date: _____ Submitted by: _____

School: _____

Student Name: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Description/Achievement/Service: _____

Value (if applicable): _____

Date of XBOE meeting to be presented: _____

Name(s)/Title(s) of individual(s) attending XBOE meeting: _____

Thank you letter recipient/address: _____

Date letter sent: _____

**Xenia Community Schools
578 East Market Street
Xenia, OH 45385
(937) 376-2961
www.xenia.k12.oh.us**

