

LITCHFIELD HIGH SCHOOL

1705 North State Street
Litchfield, Illinois 62056
Phone 217-324-3955
Fax 217-324-5851

COMMENDATION FOR EXCELLENCE

Student's name: _____

Subject: _____

Teacher: _____

Date: _____

NOTICE TO PARENTS

1. The student named above is presently maintaining a level of excellence in this subject.
2. The academic leadership exercised by this student must be noted and appreciation for it relayed to the parent by the teacher.
3. Encouragement by parents may aid this student in maintaining this level of accomplishment.

Remarks from the teacher: