

Please return final class lists to Deb by Friday, May 20th

Grade _____ Total _____ Teacher Name _____

Please list students ALPHABETICALLY by LAST NAME

BOYS

LAST NAME, FIRST NAME

GIRLS

LAST NAME, FIRST NAME

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

Boys Total _____

Girls Total _____