



**Alief Independent School District  
After School Program**

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**STAR OF THE MONTH**

*Students, school staff or parents can nominate a Star of the Month.*

*To nominate: print this form and complete the information below.*

*Return completed form to Nancy Jeffs, Instruction Dept. or via fax – 281-988-3460.*

**Name of Star Nominee** \_\_\_\_\_ **Campus** \_\_\_\_\_

**Nominee is a** (mark one):  **Student**  **Staff** **Nominated By** \_\_\_\_\_

**I am nominating this person for *ASP Star of the Month* because ...**

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Nominator's Name (printed)

\_\_\_\_\_  
Nominator's Signature

**Date** \_\_\_\_\_