

Lakes Community High School
Cum Laude Extracurricular Participation Verification Form



Name: _____

Year of Graduation: _____

Freshmen Year Extracurricular: _____

Sponsor Signature: _____

Sophomore Year Extracurricular: _____

Sponsor Signature: _____

Junior Year Extracurricular: _____

Sponsor Signature: _____

Senior Year Extracurricular: _____

Sponsor Signature: _____

Student Signature: _____

LCHS Students – Please return to the Student Services Office.