

CONNECTICUT FIRE PREVENTION POSTER RECOGNITION PROGRAM

PLEASE TYPE OR PRINT GRADE _____ COUNTY _____ GENDER _____

STUDENT'S LEGAL NAME: _____

PARENT'S NAME(S): _____

ADDRESS: STREET _____ TOWN _____ ZIP _____

TELEPHONE
NUMBER: _____ EMAIL: _____

NAME OF SCHOOL: _____

ADDRESS: STREET _____ TOWN _____ ZIP _____

TELEPHONE
NUMBER: _____ EMAIL: _____

CHOOSE ONE SPONSORING TEACHER: _____

PRINCIPAL'S NAME: _____

LOCAL FIRE MARSHAL: _____

TELEPHONE NUMBER: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

*****TAPE ON THE BACK LOWER LEFT OF THE POSTER*****