



CITY OF MARGATE
CITY CLERK'S OFFICE
5790 MARGATE BOULEVARD
MARGATE, FL 33063
PHONE: 954-935-5239
FAX: 954-935-5211

STUDENT RECOGNITION FORM

School: _____

Student Name: _____ Grade: _____

Phonetic Spelling of Name _____

Student Parent(s)/Guardian(s) Name(s): _____

Student Address: _____

In 75 words or less, please tell us the Reason for Recognition:

Will student be in attendance at the City Commission Meeting? Yes _____ No _____

Name and title of school representative who will be attending meeting:

Please visit our website <http://www.margatefl.com> for the student's pictures a few days after the meeting.

NOTE: It is imperative that you return this form to the City Clerk's office BY THE DUE DATE to ensure that your school is recognized.