

PLAQUE ORDER FORM

Name of School:
(As to appear on Plaque) _____

Address:
(Not a P.O. Box for
Courier) _____

City/Town: _____ Postal Code: _____

Telephone Number: _____

Date of School Opening: _____

Ceremony Date: _____ Time: _____

French Inscription on Plaque:
(Francophone Schools Only) Yes _____

Superintendent's Name: _____

Principal's Name: _____

Vice Principal's Name: _____

On-Site Contact Person: _____

SCAN AND RETURN TO:
Email: SchoolOpenings@gov.ab.ca

**Please allow a minimum of 12 weeks to provide sufficient time for
manufacturing of bronze plaque.**