## **HOP** 2024-2025 STUDENT ACHIEVEMENT PROGRAM ORDER FORM

Please complete the following information: (PLEASE PRINT CLEARLY)

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SCHOO	L CONTACT PERSON				
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E-MAIL	ADDRESS OF CONTACT PERSON				
		Put a check mark in the quantity you need.			
		250	500	1,000	Other Qty. (List How Many)
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Go	ood Conduct				
Нс	nor Roll				
Ex	cellence in Reading				
Excellence in Math					
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Please print clearly the custom title you want.	Custom:				
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