

**SANTA ROSA CITY SCHOOLS**  
**PROPOSED NAME FOR FACILITY – REQUEST FORM**

This form will be used to propose names for new or existing District facilities or portions thereof.

Board approval is required for the naming or renaming of all District facilities including schools or portions thereof, such as the library or auditorium.

**SECTION 1**

Check the boxes next to the type of facility to be named:

- Elementary School     Middle School     High School  
 Districtwide Facility     New Facility     Portion of Existing Facility \_\_\_\_\_

Current name of facility (if applicable): \_\_\_\_\_

Name for consideration: \_\_\_\_\_

Are there any other District facilities or portions of a District facility already named after the individual or entity? If yes, please identify the location: \_\_\_\_\_

**SECTION 2**

The name to be considered is based on the following categories:

- The individual or entity has made outstanding contributions, including financial contributions, to the school community.  
 The individual or entity has made contributions of statewide, national or worldwide significance.  
 The geographic area in which the school building is located.

**SECTION 3**

The school community is supportive of this name change and, where applicable, at least one member of the Santa Rosa Teachers Association (SRTA) and Classified School Employees Association (CSEA), the parent-teacher organization (PTO), and a member of the administration have shown their support by signing this request.

SRTA: \_\_\_\_\_ Date: \_\_\_\_\_

CSEA: \_\_\_\_\_ Date: \_\_\_\_\_

PTO: \_\_\_\_\_ Date: \_\_\_\_\_

SRCS: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4**

All submissions must include a separate statement with the following:

1. Biographical data.
2. The nominee’s significant contribution.
3. An explanation as to why a facility or portion thereof should be named after this person or entity.
4. If an employee of the district, please provide the date employment was terminated. \_\_\_\_\_
5. If a non-employee, please provide the date of death. \_\_\_\_\_

**SECTION 5**

1. Please provide contact information for the nominee’s family:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship \_\_\_\_\_

2. Please provide a photograph of the nominee

3. Submitter and members of the school community have been made aware and agree to their obligation to incur the costs for food, plaques, advertising, reception, and the like, associated with the naming or renaming of portions of District facilities.

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Submitted by (print name) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Questions may be directed to the Business Services Department. Completed applications may be sent to the following address:

Santa Rosa City Schools  
Attn: Business Services Department  
211 Ridgway Avenue  
Santa Rosa, CA 95401