

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.

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