



Facilities Naming Community Advisory Committee Application

The Superintendent or their designee shall compose the Facilities Naming Community Advisory Committee by inviting representatives from each of the following groups.

You are being invited to apply to participate in the Facilities Naming Community Advisory Committee.

Name: _____

Representing which group below:

<input type="checkbox"/>	At least half of its members from community-based organizations or businesses, reflecting the diversity of the students in the school district
<input type="checkbox"/>	At least one representative from the local area's historical community
<input type="checkbox"/>	At least one representative from an SRCS Parent Organization
<input type="checkbox"/>	At least one representative from each of the district's bargaining units (SRTA and CSEA 75)
<input type="checkbox"/>	At least one representative from the district's non-represented employees
<input type="checkbox"/>	At least one student representative from a High School Associated Student Body
<input type="checkbox"/>	At least one representative from the District English Learner Advisory Committee

The role of the advisory committee will be to review the Facilities Naming request forms and develop a list of names for the Board's consideration and provide background on the names recommended to the Board. This is an Ad Hoc committee that will be convened as requests for facilities naming are submitted. The Board of Education has the final responsibility for naming the facilities.

1. If applicable, how are you affiliated with the facility being named?

2. Why do you want to be on this Community Advisory Committee?

3. How will you balance active listening of the other members of the committee while maintaining your core beliefs regarding the naming of the facility for a particular individual to reach consensus?

Phone Number: _____

Signature of Applicant _____

SANTA ROSA CITY SCHOOL DISTRICT

NAMING OF FACILITY - RECOMMENDATION FORM

Nominations for the naming of: _____

Nominations for naming a school or individual buildings shall be reviewed according to the criteria and procedures as set out in Board Policy 7310.

Name Nominated:	
Contact Person:	
Address:	
City:	
State:	
Zip:	
Home Phone:	
Cell Phone:	
E-Mail:	

Additional Required Attachments

Please include information with this nomination forms that address the following:

1. Rationale:
 - Individuals, living or deceased, who have made outstanding contributions to the county or community
 - Individuals, living or deceased, who have made contributions of state, national or worldwide significance
 - The geographic area in which the school or building is located
2. Biography of the Nominee
3. Letter of permission from individual or family

Return this form along with supporting information to:

Santa Rosa City School District
Office of Superintendent
211 Ridgway Drive
Santa Rosa, CA 95401

Policy SANTA ROSA CITY SCHOOL DISTRICT

Adopted: August 12, 2020