

STUDENT AND STAFF MEMORIALS EXHIBIT

All memorials, whether physical or financial, must be approved in advance by the Superintendent and Board of Education before they are accepted and/or placed within a building or on school grounds.

This form will be used by persons proposing memorials as a special gift given in memory of a deceased individual.

Sections A and B to be completed by the individual or organization proposing the memorial.

Section C to be completed by appropriate GCSD administrator. The form should then be submitted to the appropriate building principal to initiate an administrative review of the request.

Sections D and E to be completed by the Business Practices committee.

Submitted by _____ *(please print name)*

Address # _____

Phone # _____

Signature _____ Date _____

SECTION A: (To be completed by Nominating Person/Group)

All submissions will be presented in writing on this form and will contain a brief three paragraph statement to include the following:

Type of Memorial Proposed: _____

Identify the location where the memorial will be placed, if applicable:

- High School Middle School _____ Elementary School
- District-wide Facility Other: _____

Are there any other memorials in the District named for the individual or group? If yes, please identify the location: _____

Name of Student or Staff Being Memorialized: _____

1. Biographical Data: _____
- _____
- _____
- _____
- _____

GUILDERLAND

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2. Describe the type of memorial proposed and where the proposed memorial will be located:

3. A statement of rationale for the memorial explaining why the nominee should be memorialized in this manner:

SECTION B: (To be completed by Nominating Person/Group)

Complete the following information to facilitate the process and the dedication ceremony. Permission to proceed with application must be granted by family of nominee:

PERMISSION FROM FAMILY OF NOMINEE

Please provide contact information for nominee's family:

Name _____

Address _____

Phone # _____ Fax # _____

E-mail address _____

Relationship _____

SUBMISSION TO ADMINISTRATOR

SECTION C:

Building Principal: _____ Date _____

Supervisor of Building & Grounds _____ Date _____

Superintendent of Schools: _____ Date _____

SECTION D: (To be completed by Business Practices Committee)

The individual for whom the memorial is being considered: (must meet all three)

- Has been thoroughly vetted (through a review of relevant and appropriate files/news archives/other records);

- Has not made such memorial a condition of a gift or grant accepted by the District;

- Cause of death has not been determined a suicide.

<p><i>Office Use Only</i></p> <p>1. Completed application reviewed by the Board’s Committee (Superintendent and Business Practices Committee). DATE: _____</p> <p>Application presented as an information item to the Board ___Y / ___N</p> <p>2. Final Decision by Board of Education to be made at a subsequent meeting, but no later than 3 months following first presentation to the Board of Education.</p> <p>3. Application Approved by the Board of Education ___Y / ___N DATE: _____</p>
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Adopted: December 4, 2018
Reviewed December 7, 2021