

Denton ISD
061901

NEW FACILITIES

CW
(EXHIBIT)

DENTON INDEPENDENT SCHOOL DISTRICT

1307 N. LOCUST ST., DENTON, TX 76201

PROPOSED NAME FOR FACILITY

In accordance with policy CW(LOCAL) the Board has invited written nominations for the naming of a district facility. A period of ~~30~~ 45 days, ~~or the interval between three regularly scheduled Board meetings,~~ shall be given for the nominations.

Date of Call for Names: _____ Facility to be Named: _____

Expected Date of Board Action: _____

The following provisions shall govern the naming or renaming of school facilities: ~~(1) schools shall generally be named for persons who have made a significant contribution to society, (2) with the exception of property donors, schools shall not be named for living persons, (3) schools may also be named for streets or geographic areas within the District as may be deemed appropriate by the Board, and (4) the Board, at its discretion, may name parts of a building, or building complex, including libraries, auditoriums, or athletic fields, for a living person. The Board shall retain sole responsibility for the final selection of a name for schools or school facilities, after allowing for community suggestions.~~

- Facilities shall generally be named for deceased persons who have made a significant contribution to society as may be deemed appropriate by the Board, streets or geographic areas within the District, or historical sites.

I. BUILDING AND/OR LOCATION PROPOSED FOR NAMING OR RENAMING:

I propose that the

_____ (designation of building and/or location)

_____ (address)

II. PROPOSED NAME:

be named for: _____

~~I. Biographical Report or Historical Data:~~

Check all that apply:

- deceased DISD staff member Historical Name
- Geographic Name Other

III. COMPREHENSIVE BIOGRAPHICAL REPORT (with work history if DISD employee) or INFORMATIONAL REPORT if historic or geographic name. (Attach extra sheets if needed:

IV. REASONS FOR NOMINATION

~~II.~~ I believe the facility should be named for this (person) (place) (historical event) because:

~~III-V.~~ Name(s) of person(s) or supporting group(s) responsible for nomination:

On behalf of the above named group or persons, I verify that I (we) have read and understand Board policy CW(LOCAL) regarding naming and renaming of school facilities, and that to the best of my (our) knowledge, believe that this nomination meets all criteria. If the nomination is a memorial to a District employee, I also verify that I (we) have read and understand the Guidelines for Staff Memorials found in the Employee Handbook.

_____ (signature) _____ (date)

(address)

(telephone number)

Signature

Date

Signature

Date

This form must be submitted to the Superintendent prior to _____.
(date)

DATE ISSUED: 09/04/2000

LDU-36-00

CW(E)-X