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# MARIN COUNTY

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## OFFICE OF EDUCATION

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[marincoe@marin.k12.ca.us](mailto:marincoe@marin.k12.ca.us)

MARY JANE BURKE  
MARIN COUNTY  
SUPERINTENDENT OF SCHOOLS

(415) 472-4110  
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September, 2017

### MEMORANDUM

TO: Middle and High School Principals/Headmasters

FROM: Mary Jane Burke, Marin County Superintendent of Schools

SUBJECT: **STUDENT OF THE WEEK 2017-18**

The Student of the Week program has been very well received for several years! As a result, the Marin Independent Journal will again feature the Student of the Week profile in the newspaper every week. The program is for **eighth grade and high school students, who are residents of Marin**. Outstanding students will be recognized as we highlight the many accomplishments of the young people of our county. We are very fortunate to have such a supportive countywide newspaper and we are excited to hear about your students.

Attached is the Student of the Week profile form. Please select a female and a male student from your school that you believe merit this recognition, complete the profile sheets, and FAX (415-491-6621) or email them to Laura Trahan at the Marin County Office of Education at this address: [ltrahan@marinschools.org](mailto:ltrahan@marinschools.org). **If you would like to submit names for this school year, please return their profile sheets no later than October 5, 2017.**

Below is the timeline we will follow in order to be ready to start this feature in October:

<b>October 5, 2017</b>	Student of the Week Profiles due to MCOE
<b>October 10-15, 2017</b>	MCOE will notify students
<b>November, 2017</b>	Feature will begin – each Monday for the school year!

Thank you for supporting this opportunity to give our outstanding students the recognition they deserve. Please call 499-5870 if you have any questions.

Attachment

cc: District Superintendents

**STUDENT OF THE WEEK PROFILE – 2017-18**

(Thank you for typing or printing legibly to ensure accuracy)

Student's Name: \_\_\_\_\_ Student's Phone #: \_\_\_\_\_

Parent(s) Names: \_\_\_\_\_ Parent's phone: \_\_\_\_\_

Student's Home Address (**Must be a Marin County resident**): \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Favorite Subject: \_\_\_\_\_

School Activities: \_\_\_\_\_

Other Interests: \_\_\_\_\_

Nominator's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Nominator's Title (position at school or community member): \_\_\_\_\_

Nominator's Fax Number: \_\_\_\_\_

Nominator's email address: \_\_\_\_\_

Nominator's Comments: \_\_\_\_\_

One word to describe nominee: \_\_\_\_\_

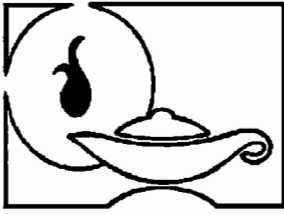
*Please return this nomination form as follows:*

- If you are a *community member*, return this form to the student's school principal for forwarding to the Marin County Office of Education.
  
- If you are a *principal*, return this form to:

Marin County Office of Education  
Attn: Laura Trahan, Education Services  
P.O. Box 4925 • San Rafael, CA 94913  
Phone: (415) 499-5870 FAX: (415) 491-6621



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Marin County Superintendent of Schools



# Marin County Office of Education

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Marin County  
Superintendent of Schools

415-472-4110  
FAX: 415-491-6625

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## Parents/Guardians consent and authorization for Media use for Student of the Week Program

I, \_\_\_\_\_ the undersigned, consent to and authorize the taking and use of photographs and media interviews of me (as student) or of my son, daughter or ward (as parent or guardian) for inclusion in the Marin County Student of the Week program. I understand the photos will be published in the Marin Independent Journal.

Student Name: \_\_\_\_\_

Program/Class: \_\_\_\_\_

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