

## STUDENT OF THE WEEK PROFILE – 2016-17

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

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

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

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

