

STUDENT OF THE WEEK PROFILE – 2015-16

(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

