



MARIN COUNTY

OFFICE OF EDUCATION

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MARY JANE BURKE
MARIN COUNTY
SUPERINTENDENT OF SCHOOLS

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September, 2014

MEMORANDUM

TO: Middle and High School Principals/Headmasters

FROM: Mary Jane Burke, Marin County Superintendent of Schools
Nick Bensen, Marin Independent Journal

SUBJECT: **STUDENT OF THE WEEK 2014-2015**

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 or email them to Laura Trahan at the Marin County Office of Education at this address: ltrahan@marinschools.org. **If you would like to submit names for this school year, please return their profile sheets no later than October 15, 2014.**

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

October 15, 2014	Student of the Week Profiles due to MCOE
October 20-24, 2014	MCOE will notify students and arrange for photos to be taken at Marin County Office of Education
November, 2014	Feature will begin!

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

MARIN INDEPENDENT JOURNAL
STUDENT OF THE WEEK PROFILE – 2014-2015

(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:

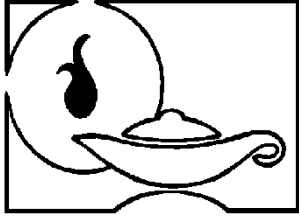
- If you are a *community member*, return this form to the student's school principal for forwarding to the Marin County Office of Education.

- 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



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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: _____