

Phelps-Clifton Springs Central School District Commemoration Request Form

Please return form to the Building Crisis Team

Date: _____ Name of person(s) making request: _____

Name of deceased/honoree: _____ Date of death: _____
(Please include Nickname if applicable)

Relationship to deceased/honoree: _____

Requesting party's contact information:

Address _____

Phone _____ Email: _____

Description of requested commemoration: (includes the multifaceted needs of the school community)

*The Phelps-Clifton Springs Central School District reserves the right to accept/reject any and all commemorations donated and purchased. Any accepted commemorations may remain visible in the school community for up to ten years after the death of the student/staff member involved, at which time all reasonable efforts will be made to return commemoration items to the family members.

Commemoration Committee review date: _____

Date of review with Superintendent: _____

Date of review with family of the deceased: _____

Approved _____ Not approved _____

Rationale (if not approved): _____

Applicant informed of decision (date): _____

Signature of Superintendent: _____