



BEREA INDEPENDENT SCHOOLS

Facility Naming Request Form

Please complete this form to request the naming or renaming of a school building, facility, or distinct portion thereof in Berea Independent Schools. Completed forms should be submitted to the Superintendent's Office for review by the Naming Committee.

Section 1: Requestor Information

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

Relationship to District (check one):

☐ Parent/Guardian ☐ Student ☐ Alumni ☐ Staff ☐ Community Member ☐ Other: _____

Section 2: Facility Information

Type of Facility (check one):

☐ School Building ☐ Facility ☐ Distinct Portion

Current Name (if applicable): _____

Location/Address: _____

Section 3: Proposed Name

Proposed Name: _____

Category for Proposed Name (check one):

☐ Individual with significant contributions to Berea Independent Schools

☐ Person with local/state/national historical significance

☐ Geographical location or landmark

☐ Organization, business, or industry (with substantial contribution)

If an individual, is the person deceased for at least two (2) years? ☐ Yes ☐ No



BEREA INDEPENDENT SCHOOLS

Section 4: Justification

Please explain why this name is being proposed. Include relevant biographical information, historical significance, or description of contributions to the district/community. Attach additional pages if necessary.

Section 5: Supporting Documentation

Please list and attach any supporting documentation, such as letters of support, historical records, or evidence of contributions.

Section 6: Signatures

Signature of Requestor: _____ Date: _____

For Office Use Only

Date Received: _____ Received By: _____

Naming Committee Review Date: _____

Committee Recommendation: _____

Board Decision Date: _____ Decision: _____