



**ARLINGTON CENTRAL SCHOOL DISTRICT  
BOARD OF EDUCATION**

144 Todd Hill Road • LaGrangeville, NY 12540

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## **Memorial Donation Application**

The Board of Education recognizes, with sadness, that both students and employees may pass while in attendance and/or in service to the Arlington Central School District. It is recognized that the death of a student or an employee generates significant emotion for all involved. As such, there are often requests to memorialize those who have passed. Both the emotion and the circumstances surrounding a student's or an employee's death make it challenging to balance sensitivity to the wishes of loved ones with the disruption or long term implications associated with certain memorial requests. It is highly recommended that the person or group proposing a memorial contact the Building Principal and Director of Facilities prior to completing this application. Certain living memorials are more appropriate to our climate and certain inanimate memorials require particular construction materials.

Name of person/group proposing memorial: \_\_\_\_\_

Name of person/group being memorialized: \_\_\_\_\_

For which school property is this memorial proposed: \_\_\_\_\_

Proposed location on the school property for this memorial: \_\_\_\_\_

Please describe contributions of person/group to the Arlington Central School District:

\_\_\_\_\_

It is required that the next of kin approve the proposed memorial. Has the next of kin given

permission? \_\_\_ Yes \_\_\_ No

Please describe the funding source for the proposed memorial: \_\_\_\_\_

\_\_\_\_\_

Please describe the proposed memorial (e.g., tree, bench, plaque, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the memorial require upkeep/maintenance from the District? If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

Signature and contact information of person completing this form:

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Phone Number/Contact Information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Building Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director of Facilities

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date

**Once completed, this application will be placed before the Board of Education for consideration.**