

# 2009 Golden Bell Program History Form

**Please read:** All instructions must be followed. This form may be duplicated. Programs must be operating in CSBA member school districts or county offices of education to be eligible. School districts and county offices of education may submit up to three (3) entries.

**For Office Use Only**  
Reference No.

PROGRAM TITLE			
SCHOOL(S)		COUNTY	
DISTRICT OR COUNTY OFFICE OF EDUCATION		DISTRICT ENROLLMENT	
DISTRICT OR COUNTY OFFICE ADDRESS		CITY	ZIP
DISTRICT OR COUNTY OFFICE PHONE NO.		FAX	
SUPERINTENDENT		BOARD PRESIDENT	

**Lead Person** responsible for submitting the entry form (*can answer program-specific inquiries during the summer*):

NAME	TITLE	PHONE NO.	SUMMER PHONE NO.
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ADDRESS	E-MAIL ADDRESS
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**NOTE:** In the event this entry is awarded a Golden Bell, the lead person may be contacted by others to share further information regarding the winning program.

In the program history section provided below and on the back page, please address how the program was created, phase by phase. It will help other districts seeking to replicate the program determine what steps need to be taken in order to fully implement a similar program. **Please Note:** This information will not be used for judging purposes.

