

2014-2015 Intent/Renewal Form



Yes, we plan to become a No Place for Hate® School!

Please send completed Intent Form via email scanned document to mdunn@adl.org or fax to 415.981.8933. For more information call 415.981.3500 ext. 227

| School Name (as it should appear on banner) | | | | |
|--|--|--|-----------------------|--|
| Address | City | State | Zip | |
| Phone | Fax | | | |
| School Website | | Total Number | of Student Body | |
| School Coalition Co-Chair Name (1) | Title/ | Role | | |
| E-Mail Address and Phone | Signa | ature | | |
| School Coalition Co-Chair Name (2) | Title/ | Role | | |
| E-Mail Address and Phone | Signa | ature | | |
| By becoming involved with the No Place for Hate® Initiative for Hate® application, review our community activities and completion of the No Place for Hate® Initiative, our school premises for the school year immediately following the year i | award the No Place for Hate agrees to display the No Place | ® designation at its sole discretion to for Hate® banner in a public lo | on. Upon satisfactory | |
| It is further agreed that our school and school district acknown and A WORLD OF DIFFERENCE® Institute are trademarked to our participation in ADL programs with approval | s of ADL. Our school and sch | | | |
| We understand that ADL is furnishing professional time, m "INTENT" to complete the requirements to become design meet those requirements, the school may be asked to repa | ated a No Place for Hate® scl | hool. We also understand that if | | |
| By checking this box I signify my agreement with the | the above stipulations to the N | No Place for Hate® Initiative | (please initial) | |
| Principal Name | E-Ma | E-Mail Address | | |
| Principal Signature | Phon | e | | |

