

Student Distribution Request Form

A copy of this completed form must be submitted along with an exact copy of the item being submitted for distribution at least two weeks in advance of the requested distribution date.

Date: _____

Name of contact person: _____

Name of organization: _____

Daytime phone: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Brief description of item/event: _____

School(s) for requested distribution:

- | | <u>Grades (circle all that apply)</u> | | | | | |
|--|---------------------------------------|---|---|-------|---|---|
| <input type="checkbox"/> Northridge Elementary | K | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Sunset Elementary | K | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Slate Creek Elementary | K | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> South Breeze Elementary | K | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Walton Elementary | K | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Santa Fe Middle School | 5 | 6 | | | | |
| <input type="checkbox"/> Chisholm Middle School | 7 | 8 | | | | |
| <input type="checkbox"/> Newton High School | | | | | | |
| <input type="checkbox"/> Cooper Early Education Center | Birth to 3 | | | Pre-K | | |
| <input type="checkbox"/> Eby Learning Center | | | | | | |
| <input type="checkbox"/> Axtell Educational Center | | | | | | |

Date (on or about) it is requested that handouts be distributed: _____

(Distribution dates will be accommodated as able and are not guaranteed.)

(To be completed by district office.)

Approved: _____ Not Approved: _____

Reason(s) for denying approval: _____

Signed by USD 373 Official _____ Date _____

(Complete and return to the USD 373 Public Information Office, McKinley Administration Center, 308 E 1st St, Newton, KS 67114. Phone: 316-284-6229, FAX: 316-284-6207)