

REQUEST FOR APPROVAL FORM

Each document must clearly include a disclaimer (example – “*Cobleskill-Richmondville Central School has been asked to distribute this flyer in an effort to make the community aware of this event. The District is not promoting or sponsoring this activity.*”)

District policy with respect to distribution of information concerning non-school activities to district students, their families, and/or staff permits such distribution only by:

- An agency of federal, state, or local government;
- A not-for-profit corporation; or
- An unincorporated association not organized or operating for commercial gain.

The information must concern an activity, event, program or other opportunity of interest to children, their families, and/or staff in the district community.

The following information about your organization is needed to assist the Superintendent of Schools in determining whether your request to distribute information can be approved:

Name of Organization: _____

Mailing Address: _____

Contact Person: _____ Telephone Number: _____

To which building and/or grade level you would like this distributed? _____

Preferred date of distribution: _____

Please indicate type of Organization (ie, government agency; not-for-profit corporation; unincorporated association not organized or operated for commercial gain; business corporation or partnership; other form of not-for-profit enterprise): _____

The Superintendent of Schools may request additional information concerning the governance structure and/or mission of the organization. Such information is requested solely for the purpose of confirming that the organization is within the coverage of this Policy.

Please respond to the following on a separate sheet and attach to this form:

- One copy of the proposed announcement/flyer/brochure
- If participants or attendees will be: required to pay to participate or attend; offered goods or services for purchase which are part of the event or program; or asked to donate money or goods to your organization or some other entity, please explain what the money or goods so collected will be used for.

Please return to the C-R District Office at least one week prior to requested distribution date.

**155 Washington Ave
Cobleskill, N.Y. 12043**

For Office Use Only

Approved _____ Directions for distribution **OR** Disapproved _____ Reasons for disapproval:

Signature of Superintendent or designee _____ Date _____