

BARBERS HILL SCHOOLS DISTRIBUTION OF FLYERS REQUEST & APPROVAL FORM

Step 1. Mark the locations to receive your flyer:
(the number of copies you will need to provide are indicated)

<u>BUILDING</u>	<u>STUDENTS</u> *	<u>STAFF</u>
(Grades PK – K)	<input type="checkbox"/> Kinder Ctr. (clip 21 SETS OF 22)	<input type="checkbox"/> (44)
(Grades 1 – 2)	<input type="checkbox"/> Primary (clip 30 SETS OF 20)	<input type="checkbox"/> (58)
(Grades 3 – 4)	<input type="checkbox"/> Elementary (clip 34 SETS OF 24)	<input type="checkbox"/> (79)
(Grades 5 – 6)	<input type="checkbox"/> Intermediate (clip 31 SETS OF 25)	<input type="checkbox"/> (70)
(Grades 7 – 8)	<input type="checkbox"/> Middle School (670 TOTAL)	<input type="checkbox"/> (70)
(Grades 9 – 12))	<input type="checkbox"/> High School (1180 TOTAL)	<input type="checkbox"/> (114)

DEPARTMENTS: (distributed to mailbox)

Administration	<input type="checkbox"/> (24)	Mechanics	<input type="checkbox"/> (6)
Athletics	<input type="checkbox"/> (2)	Police Dept.	<input type="checkbox"/> (3)
Custodians	<input type="checkbox"/> (53)	Special Services	<input type="checkbox"/> (9)
DAEP	<input type="checkbox"/> (2)	Technology	<input type="checkbox"/> (7)
Food services	<input type="checkbox"/> (42)	Transportation	<input type="checkbox"/> (44)
Maintenance	<input type="checkbox"/> (29)		

Step 2.

- Select this box to post only one copy at each designated location
- Select this box if you wish to display merchandise/products on campus
This requires Principal's approval at each campus selected

Step 3. PLEASE READ and follow instructions to avoid delay in distribution

- **A copy of the flyer must be attached to this request.**
- **Do not staple copies together, PAPERCLIP ONLY**
- **You must deliver your flyer copies 24 hours before distribution date to each approved campus.**

Date: _____

Organization: _____

Title of Flyer: _____

Person making request: _____

Contact Number: _____ Distribution date requested: _____

OFFICE USE ONLY: Approved _____ Disapproved _____ * Superintendent/Designee: _____ Date: _____	
Further instructions: Principal's Approval: _____ Date: _____	
*Approved for staff only _____	*Approved for post only _____ Date notified to pick up request: _____ Revised 09/11/09