APPLICATION FOR SCHOOL DISTRIBUTION OF NON-SCHOOL INFORMATION
(Attach one copy of each piece of material for which distribution is requested)

DO NOT PRINT POSTERS FOR DISTRIBUTION UNTIL APPROVAL IS RECEIVED.
Upon approval, all materials must be delivered to District Office for distribution.

Date: _____________________     Non-Profit – Yes ___ No ___
Name of Organization _______________________________
Organization’s primary goals: ___________________________________________________________
____________________________________________________________________________________
Specific program/activity promoted by the distribution: ___________________________________
____________________________________________________________________________________
Expected benefits to students/community: _____________________________________________
____________________________________________________________________________________
Requested date of distribution: _______________________________________________________
List schools (including grade levels) to receive information: ______________________________
____________________________________________________________________________________
____________________________________________________________________________________
Representative’s name/title: ___________________________________________________________
Contact phone: _______________________ Contact email: _________________________________

APPROVAL CERTIFICATE

☐ Approved for distribution at schools listed: _____________________________________________

☐ Disapproved for the following reason: ________________________________________________

_____________________________________
Coeur d’Alene School District Representative