COMMUNITY REQUEST FORM FOR PUPIL/TEACHER INVOLVEMENT

Today’s Date: ________________________________

Name of person filing request ________________________________

Name of Organization: ________________________________________

Email: ___________________________ Phone: ______________________

Address: ____________________________________________________

Title of Program or Activity and description: _______________________

__________________________

Name of Elementary Schools you would like to be involved (please circle all that apply):

Fitzhugh   Kingsford   Minetto   Leighton   Riley

Grade levels you would like involved: ____________________________

Date activity begins: ___________________ Ends: __________________

What would you like done by the schools (i.e. pass out flyers to students, hang poster, etc.):

__________________________________________

Describe the benefit to be accrued by children or school staff: ____________________________

__________________________________________

Please submit the completed request form along with your flyer/poster to:

By Email: skells@oswego.org, cc: kcanale2@oswego.org
By Fax: 315-341-2912
In Person: Superintendent’s Office located in the Education Center at 1 Buccaneer Blvd, Oswego.

**It is recommended that you submit your request a minimum of 2 weeks prior to your activity or program to allow time for processing, approval, and distribution.