

**Oswego City School District
Oswego, NY**

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

By Fax: 315-341-2926

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.**