

# 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: [skills@oswego.org](mailto:skills@oswego.org)

By Fax: 315-341-2915

\*\*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.