



Schertz-Cibolo-Universal City ISD

Flyer Distribution Form

Please allow 3 school days from date received for processing flyer request.

FLYERS WILL NOT BE PLACED INSIDE TEACHER MAILBOXES NOR STUDENT BACKPACKS.

READ PRIOR TO SUBMISSION: A copy of the printed flyer or material (current) to be distributed MUST be attached in order to be considered. NO changes are permitted on approved flyers. You will need to re-submit your request if ANY changes are made. All non-district events and/or outside organizations acknowledge the following disclaimer upon submission: THIS ACTIVITY OR ORGANIZATION IS NOT SPONSORED OR ENDORSED BY SCUC ISD. Upon approval, it is the RESPONSIBILITY OF THE ORGANIZATION to initiate distribution. The organization is required to present the approval to each selected campus office. The campus will direct the organization to the **designated table where ALL approved flyers are left for display/distribution to the general public**. We do not provide electronic distribution. SCUC ISD will NOT provide copy materials or services for distribution. Furthermore, SCUC ISD will NOT disrupt class instruction for the purpose of distribution or solicitation.

SEE LEGAL/LOCAL POLICY GKDA REGARDING NONSCHOOL USE OF FACILITIES/DISTRIBUTION OF NONSCHOOL LITERATURE

***INITIAL HERE THAT YOU HAVE READ THE INSTRUCTIONS/GUIDELINES & AGREE :** _____

DATE OF SUBMISSION: _____

NAME OF ORGANIZATION: _____

CONTACT NAME: _____

CONTACT PHONE: _____ CONTACT EMAIL: _____

SUBJECT OR PURPOSE OF FLYER: _____

ARE YOU A SCUC ISD EMPLOYEE (circle one): **YES / NO** COPY OF FLYER ATTACHED(circle one): **YES / NO**

FLYER EXPIRATION DATE (IF APPLICABLE-REMAINING FLYERS ARE DISCARDED AT END OF SCHOOL YEAR): _____

I WOULD LIKE TO DISTRIBUTE MY FLYERS AT:

HIGH SCHOOL(S)- 9TH -12TH GRADES: _____

JR HIGH SCHOOL(S)- 7TH -& 8TH GRADES: _____

INTERMEDIATE SCHOOL(S)- 5TH & 6TH GRADES: _____

ELEMENTARY SCHOOL(S)- PRE-K- 4TH: _____

FOR ADMINISTRATION ONLY

DATE OF SUBMISSION: _____ COPY OF FLYER ATTACHED: YES / NO

APPROVED: YES / NO BY: _____, DR. CLARK EALY, SUPERINTENDENT

COMMENTS:

**Required*