

NORTHFIELD COMMUNITY SCHOOL

SUPERINTENDENT DISTRIBUTION APPROVAL FORM

DATE:

TO: Mr. Pedro P. Bretones, Superintendent

FROM:

Date Received: (to be completed by office) _____

1. ITEM (IF A BANNER OR SIGN, PLEASE SPECIFY THE INFORMATION ADVERTISED ON THE BANNER/SIGN)

2. AUDIENCE: ALL K-8 Students STAFF ONLY Public with Access to our school
 Email Hard Copy Only Web Site Only Both

3. DEVELOPED BY (NAME AND PHONE #)

4. REQUESTED DATE FOR DISTRIBUTION

5. SPECIAL INSTRUCTIONS (COLOR PAPER, BACK/BACK, ETC)

6. IS YOUR ORGANIZATION A NON-PROFIT? YES NO (IF YES, PLEASE ATTACHED COPY OF 5013c FORM).

FOR SUPERINTENDENT USE ONLY:

Date Received _____

Approval: YES NO

CHANGES NEEDED:

Pedro P. Bretones

Superintendent

DATE DEVELOPER NOTIFIED: _____ DATE COPIED _____ DATE DISTRIB _____ DATE POSTED _____