FLYER DISTRIBUTION AUTHORIZATION FORM

Advertising and Promotion Policies

Organization: _____ Contact Name _____

Non-profit Number: _____ Contact Phone: _____

Event or Subject _____ Contact Email: _____

School Site	Grade Level		Mode of Distribution
☐ Jefferson School	☐ TK	☐ 4th	☐ Electronic
☐ Tom Hawkins School	☐ K	☐ 5th	
☐ Monticello School	☐ 1st	☐ 6th	
☐ Anthony Traina School	☐ 2nd	☐ 7th	
☐ Corral Hollow School	☐ 3rd	☐ 8th	

Your flyer will be considered for distribution in accordance with BP/AR 1325. Please submit this completed form and an electronic flyer to request electronic distribution.

- The Superintendent or designee may approve the distribution to students of materials prepared by organizations which are school sponsored or school related. Materials approved for distribution shall further the district's intended purpose, directly benefit the students, support the basic educational mission of the district or be of intrinsic value to the students. Materials shall not promote any commercial, religious or political interest.
- An approved flyer may not be altered in any way.
- Electronic Distribution – Allow 3 business days for internal review process of your flyer. The district will distribute approved flyers on the 1st of the Month.
- The following language is required on all flyers:
  "The Jefferson Elementary School District does not sponsor, supervise nor endorse this activity, event, organization or its content. Distribution of this material is provided by the District as a community service for non-profit organizations"

1. Please attach your flyer to this application and submit to Jefferson Elementary School District Office, Laura Perez at laperez@jsdtracy.com
2. Reminder: Flyers received and approved will be distributed the 1st of the Month, no special distribution dates will be accommodated to meet your organization's event dates.

Please sign here to acknowledge acceptance of these terms

_____ _____

Signature Date

JEFFERSON ELEMENTARY SCHOOL DISTRICT

☐ APPROVED ☐ DENIED

Comments: _____

_____ _____ _____

Superintendent Signature
1219 Whispering Wind Drive

Superintendent Name
Tracy, CA 95377

Date
(209) 836-3388