



# Lake Havasu Unified School District No.

2200 Havasupai Boulevard, Lake Havasu City, AZ 86403-3798  
928.505.6902 Fax 928.505.6999 www.lhusd.org

## Request for Flyer/Handout Distribution

**\*Two weeks minimum request time\***

Organization: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Are there fees or charges involved with the program? Yes  No

Are you affiliated with a non-profit organization? Yes  No

### Indicate Requests Below

**For:**  Distribution in a designated area - flyers will be placed in an accessible location and an announcement will be made to students to pick up if interested

Posting – flyer(s) will be hung in well trafficked area of school

Class handouts – handouts must be clipped in groups of 30 for each class in which to be distributed

**To:**  Students\*\* Grade Level(s): \_\_\_\_\_  Staff

**Sites:**  Lake Havasu High School  Thunderbolt Middle School

Havasupai  Jamaica  Nautilus  Oro Grande  Smoketree  Starline

Describe activity **AND** attach flyer. Include all material that you are requesting be distributed.

\_\_\_\_\_

\*\*LHUSD is committed to student learning. Student learning time is precious. How will your request enhance student learning?

\_\_\_\_\_

Solicitation of employees and/or students by any organization (profit or nonprofit) or charitable group must have advance approval. LHUSD shall strive to safeguard the students and their parents from money-raising plans of outside organizations, commercial enterprises, and individuals. This policy shall apply particularly to ticket sales and sales of articles or services except those directly sponsored by school authorities or school organizations. At no time, will flyers be handed out directly to students or their parents.

**Once approval is given, it is the responsibility of your organization to contact the schools, show this approval form, and provide any materials to be distributed with material divided as required. At no time will any of the schools copy, make prints, fold, or count any of your organizations materials that you wish to distribute. Please give the schools as much notice as possible before you would like your flyers to be announced or posted.**

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

APPROVED\*  NOT APPROVED \* Please note that the principal of each school has the final authority for approval.

Signature (Director of Student Achievement) \_\_\_\_\_ Date \_\_\_\_\_

Received: \_\_\_\_\_ Sites Notified: \_\_\_\_\_ Requestor Notified: \_\_\_\_\_