

KSD Staff/Student Benefit/Fundraiser Flyer Distribution Approval Form

I, (_____), have received approval from

Name of Person Submitting Flyer

(_____) to promote the benefit or fundraiser

Name of KSD Staff Member or Parent/Guardian of KSD Student

Information submitted to the school district.

I understand that KSD has the right to refuse distribution of the flyer if the district feels the benefit/fundraiser flyer does not comply with the district's flyer policies.

I understand that KSD will only distribute benefit/fundraisers for staff members/students diagnosed with a serious health condition as defined by FMLA.

Signature of KSD Staff Member
Or Parent/Guardian of KSD Student

Date

Signature of Person Submitting Flyer

Date