

**School District of La Crosse**  
**LEVEL 2 Distribution Form – Non-Profit/Non-School Entity**  
**Request for Distribution of Non-District Materials/Information**  
**(Phone: 789-7654 FAX: 789-7604)**

This Level 2 form is provided for distribution of materials appropriate to the school setting by a non-profit, non-school entity at a District building in a reasonable time, place, and manner which does not disrupt the educational program nor interfere with the educational objectives of the District. Permission for non-school entities to distribute materials on School District property is a privilege and not a right. (Administrative Policy 8520)

Organization making request:

Contact Person:

Date of Request:

Address:

Telephone:

Tax Exempt Number:

Please explain how material is directly associated with or extends the District's academic curriculum on the back of this form. **(A COPY OF THE MATERIAL TO BE DISTRIBUTED MUST BE ATTACHED.)**

Distributed to the following:

**Buildings:**    All    Elementary (K-5)    Middle    High (9-12)    Other:

I verify this program/event will not discriminate against pupils on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital status, sexual orientation or physical, mental, emotional or learning disabilities or handicaps.

\_\_\_\_\_  
Signature of individual requesting distribution

\_\_\_\_\_  
Date

NOTE: If approved, the requesting entity will provide an appropriate BUNDLED number of copies of the material to be distributed from the Hogan Administrative Center with a copy of the approval form. Materials will be made available at a central location in the school building as determined by the building principal. **The sponsoring organization is required to add the following statement to approved materials: "This event, class, or activity is not sponsored or endorsed by the School District of La Crosse and is not printed at District expense."**

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**THIS SECTION FOR USE BY SCHOOL DISTRICT PERSONNEL**

\_\_\_\_\_ **Approved** for distribution at a central location in the school building

\_\_\_\_\_  
Signature: Dr. Troy Harcey, Associate Superintendent/Instruction

\_\_\_\_\_  
Date

Additional Stipulations: (if any)

\_\_\_\_\_ **Not Approved**

- Not directly associated with or extend the District's academic curriculum
- Not age appropriate, and
- Not in compliance with the District's anti-discrimination policy.
- Other:

**Event/Program Overview**

Approved programs or events will be directly associated with or extend the District's academic curriculum, age appropriate, and in compliance with the District's anti-discrimination policy. Please respond to the following questions:

1. What is the goal/purpose of this proposed event/program?

2. For which grade level(s) is this event or program directed?

3. Will any students be purposefully excluded from participation? If yes, please list which students and why they will be excluded.

4. Which area of the district curriculum does this program extend or enhance?