## SCHOOL DISTRICT OF OKALOOSA COUNTY **VENDOR'S REQUEST TO CONTACT PRINCIPALS**

## **Directions:**

1) Complete this form and return to the office listed below with a brochure or flyer describing your business. You are required to receive approval from the District Office 72 hours prior to contacting schools.

> Nick Kootsouradis, Assistant Superintendent of Operations 461 W School Ave.

> > Crestview, FL 32536 Phone: 689-7117 Fax: 689-7121

Email: anglins@mail.okaloosa.k12.fl.us

- 2) This signed form gives permission to vendors to contact the principal of the requested school(s) for an appointment. Any appointment and/or distribution of material is at the discretion of the school principal.
- 3) Vendors should take their signed copy of this form to each principal for approval.
- 4) Upon approval by the principal, and prior to the delivery of any materials, the school(s) should be contacted for student counts. A signed copy of this form must accompany any materials that are delivered to the school(s),

<del></del>			<del></del>
Name:			
Organization:			
Address:			
Email Address:			
Phone:			
Fax:			
Reason for Request (Attach b	prochure and or informa	ation describing your business and request):	
Choose One - ALL OCSD Schools Specific Schools (List Individually):			
Contact Dates:			
Name of person(s) who will o	contact principals:		
Constitution (a) if any book a	A - d - d - d - d - C - d - d - d - d - d	at any made halann	
Specification(s) if any by the	Assistant Superintender	nt are made below:	
Place i	n office <i>only</i> (area d	lesignated by the school principal).	
Distrib	ute to faculty/staff of	only (as determined by the school princi	pal).
Approved	_ <i>NOT</i> Approved		
		Signature of Assistant Superintendent	Date
Approved	_ <b>NOT</b> Approved		
		Signature of <b>Principal</b>	Date