

Jersey City Public Schools Application For Media Coverage



School/Department requesting coverage: _____

Name of Event: _____ Date & Time of Event: _____ Location: _____

Synopsis of Event: _____

Category:

Innovative Program: _____ Athletic Accomplishment: _____ Academic Progress: _____
Human Interest: _____ Student: _____ Teacher: _____ Other: _____

Type of Media Coverage:

T.V. News Media: _____ Newspaper: _____ P.R. Dept: _____
(For Liberty Lines Newsletter)

Principal's/ Department Head's Signature: _____ Date: _____

Any Administrator/Teacher requesting media coverage must fill out and submit this form two weeks prior to the event. Staff may not seek independent media coverage without prior approval. Media forms, requests, and electronic communications must be sent to the attention of Dr. Gerry Crisonino (gcrisonino@jcboe.org) Room 814 in the Superintendent's Office.

This section to be filled out by Office of Communications:

Name of Newspaper/Network Covering Event: _____

Name of Reporter: _____

Contact Number: _____

Other Coverage: _____

(Liberty Lines Newsletter Only)