AUTHORIZATION TO CASHIER

School ___________________________  School Year ___________________

GUARDIAN'S PERMISSION

I, ___________________________________, hereby give permission for ___________________________________ to perform cashiering duties on school grounds. An NSD staff member will be supervising student cashiers at all times.

Certain guidelines are necessary and we ask that you read this carefully and review it with your student.

- All money must be returned at the end of the day to the ASB Bookkeeper.
- Student will follow all district cash handling procedures as trained by NSD staff.
- Student agrees that he/she will not act in this role without NSD staff supervision.

__________________________________________  __________________________
Date  Signature of Guardian

__________________________________________
Printed Guardian Name

__________________________________________  __________________________
Date  Signature Advisor

__________________________________________  __________________________
Date  Signature Administrator