



School-Connected Organization Application

Application Date: _____

School-Connected Organization Name: _____

Name of School: _____

Check one: _____ Initial Application _____ Renewal:

The parents of Lodi Unified School District hereby request approval for the formation of the
 _____ School-Connected Organization.

Name of Organization

Objectives / Purposes of the School-Connected Organization are: _____

School-Connected Organization Official Mailing Address:

Official Name: _____

PO Box/Street: _____

City/State/Zip Code: _____

Telephone Number: _____

School-Connected Organization Officers:

Position Held	Name	Email Address	Phone Number

Is the organization a 501(c)(3) tax-exempt? _____ Yes _____ No

Organization Tax ID # _____

Banking Institution: _____

Authorized signers: _____
