

SCHOOL SUPPORT ORGANIZATION ANNUAL INFORMATION FORM

1. **SCHOOL YEAR** July 1, _____ through June 30, _____

2. **ORGANIZATION NAME** _____

3. GOALS AND OBJECTIVES

Have your goals and objectives changed since last year? YES _____ NO _____

If yes or if this is your initial filing, please explain:

4. STATUS

Please select the status of your organization

_____ Nonprofit

_____ Foundation

_____ Chartered Member of nonprofit organization or foundation

Please attach supporting documentation from the State of Tennessee for the current nonprofit status of your organization (for example, a copy of the Annual Report filed with the State).

5. OFFICERS

President

Name _____ Phone Number _____

Address _____

Email Address _____

Vice-President

Name _____ Phone Number _____

Address _____

Email Address _____

Treasurer

Name _____ Phone Number _____

Address _____

Email Address _____

Secretary

Name _____ Phone Number _____

Address _____

Email Address _____

Other _____

Name _____ Phone Number _____

Address _____

Email Address _____

Other _____

Name _____ Phone Number _____

Address _____

Email Address _____

This organization would like to be recognized as a school support organization (SSO) for the Elizabethton City Schools for the school year listed. The SSO representative's signature below certifies that the SSO will abide by all policies and procedures regarding SSO's. Also, the SSO agrees to indemnify the Board, the Director of Schools and all other agents of the school system for the actions of the SSO.

SSO Representative

Date

Director of Schools

Date