

**SPECIAL EDUCATION DISTRICT OF LAKE COUNTY**

18160 W Gages Lake Road, Gages Lake, Illinois 60030-1819

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www.sedol.us



**Valerie M. Donnan, M.Ed.**  
Superintendent

**Barbara Watson**  
Assistant Superintendent of Business, CSBO

**Application for Solicitation By or From Students**

Students shall not solicit donations or sales, nor shall they be solicited for donations or sales, on school grounds without prior approval from the Superintendent, or his/her designee. This application must be approved before students may solicit donations or conduct fundraising activities. Please complete and submit this application to your Building Principal or Program Supervisor 6 to 8 weeks in advance of the activity. **NOTE: The solicitation/activity must not conflict with instructional activities or programs.** (Policy 7:325)

Staff Member Supervising Activity _____	School / Sector Classroom _____
Activity _____	Activity Dates _____
Location _____	Organization Sponsor (If Applicable) _____

**This application must be approved before SEDOL students may be solicited for fundraising activities.** Only the following organizations may solicit students on school grounds during school hours or during any school activity to engage in fundraising activities: (check at least one box)

- School sponsored student organization; **or**
- Parent organizations that are recognized pursuant to Policy 8:90, *Parent Organizations*.

Please explain how the solicitation or activity will be conducted. \_\_\_\_\_

Please explain the intended purpose for funds raised. \_\_\_\_\_

**Student and staff safety is paramount and door-to-door solicitations and online sales are prohibited.  
Baked and staff or student-made goods for student consumption is prohibited.**

I agree to abide by the conditions stated in this application and agree to adhere to all Board policies and administrative procedures.

Applicant/Staff Member Name (please print) _____	Telephone number _____
Address _____	
Applicant signature _____	Date _____

**SEDOL Principal/Supervisor Approval**       **Approved**       **Denied**

The SEDOL principal/supervisor will base his/her decision on the information provided in this form as well as other criteria deemed important. If approval is granted, the application should be forwarded to the Assistant Superintendent of Business for review and final approval. Notification of the Assistant Superintendent's decision will be sent to the person making the request and to the principal/supervisor. If the request is denied, return a copy of the application to the staff member making the request and retain the original at the school.

SEDOL Principal/Supervisor _____	Date _____
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**Assistant Superintendent of Business Approval**       **Approved**       **Denied**

Assistant Superintendent of Business _____	Date _____
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After approving or denying this application, a copy will be returned to the staff member making the request and to the principal/supervisor. The Assistant Superintendent will retain the original.