

618AG1. STUDENT ACTIVITY FUNDS

Form B – Application to Terminate Account



WEST CHESTER AREA SCHOOL DISTRICT  
APPLICATION TO TERMINATE ACCOUNT

Submit 3 copies to the Assistant Superintendent for submission to the Board.

Check appropriate box:

Date: \_\_\_\_\_  Student Activity Account (Fund 50)

Building: \_\_\_\_\_  Trust Account (Fund 51)

Account Number: \_\_\_\_\_

Name of Account: \_\_\_\_\_

Ending Account Balance: \_\_\_\_\_

Disposition of Remaining Funds: \_\_\_\_\_

\_\_\_\_\_  
Student Officer's Signature

\_\_\_\_\_  
Student Officer's Name Printed

\_\_\_\_\_  
Faculty Sponsor's Signature

\_\_\_\_\_  
Faculty Sponsor's Name Printed

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Signature of Assistant Superintendent

BOARD OF EDUCATION ACTION

This request was:  APPROVED  DISAPPROVED

by the Board of Education at their meeting held on : \_\_\_\_\_  
Meeting Date

Reason for disapproval or qualifications of approval, if applicable, were as follows:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Board Secretary's Signature

\_\_\_\_\_  
Date