



West Chester Area School District

Student Activity Fund

Student Officers

This form must be completed each year for every Student Activity Account and returned to the Business Office by September 30th.

School _____

School Year _____

Student Activity Fund _____

Student Activity Project # _____

Faculty Advisor Signature

Faculty Advisor Signature

Faculty Advisor Printed Name

Faculty Advisor Printed Name

Date

Date

Student Signature - Officer I

Student Signature - Officer II

Student Printed Name

Student Printed Name

Date

Date

Principal/Designee Date