

Form A – Application to Establish Account



WEST CHESTER AREA SCHOOL DISTRICT
Application to Establish Account

Submit 3 copies of this form to the Assistant Superintendent or Director of
Elementary Education for submission to the Board

Note: All funds collected by student organizations shall be deposited in an activity fund in a bank designated by the Board. No school-sponsored student organization is permitted to establish an account separate from the WCASD activities fund.

Date: _____

Building: _____

Name of Account: _____

State the purpose for which this account is intended: _____

List source(s) of revenue: _____

List types of expenses to be incurred: _____

How long do you plan to keep this account active? _____

Student Officer's Signature

Student Officer's Name Printed

Faculty Sponsor's Signature

Faculty Sponsor's Name Printed

Principal's Signature

Signature of Asst. Superintendent/Dir. of El. Ed.

BOARD ACTION

This request was: ☐ APPROVED
☐ DISAPPROVED

by the West Chester Area School Board at their meeting held on: _____
meeting date

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

Board Secretary's Signature

Date

1 copy to Assistant Superintendent/Director of Elementary Education, 1 copy to Business Office, 1 copy to Principal