

Form B – Application to Terminate Account



WEST CHESTER AREA SCHOOL DISTRICT
Application to Terminate Account

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

Date: _____

School: _____

Name of Account: _____

Account Number: _____

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 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