

Form F – Student Officers



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 # _____

By signing below you agree that you have read Board policies 618 and 618 AG1 Student Activity Funds and will adhere to these policies and guidelines.

Faculty Advisor I Signature

Faculty Advisor II Signature

Faculty Advisor I Printed Name

Faculty Advisor II Printed Name

Date

Date

Student Signature – Officer I

Student Signature – Officer II

Student I Printed Name

Student I Printed Name

Date

Date

Principal's Signature

Date