

Sumner County Schools - SSO Annual Information Form

(This form must be submitted to the director of schools/designee at the beginning of each school year – Pursuant to section 49-2-604, TCA)

For School Year 20 _____ / 20 _____ (current school year beginning in August)

Organization Name _____

School the SSO is associated with _____

Goals and Objectives of Organization:

Status

- Nonprofit* *SSO has also been granted 501(c)3 status from the IRS - Yes No
 Foundation*
 Chartered member of nonprofit organization or foundation (example PTA or FFA Alumni)

Does the organization anticipate issuing payment to any SCBE employee(s)?

- No Yes – all payments must be pre-approved & made thru the SCS payroll dept.
If yes, list all SCBE employees the organization anticipates paying, the reason for the payment and estimated amount.

Name/Reason _____ \$ _____

Name/Reason _____ \$ _____

Officers

President _____ Phone Number _____

Address _____ Email _____

Vice-President _____ Phone Number _____

Address _____ Email _____

Treasurer _____ Phone Number _____

Address _____ Email _____

Secretary _____ Phone Number _____

Address _____ Email _____

SSO mailing address or email: _____

*** New form must be submitted if there is a change of officers during the school year ***

There has been a change to the SSO officers during the school year. The new officer(s) are listed above. Date effective: _____

SSO rep. submitting change information: _____