

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: _____

Check appropriate box:
 Student Activity Account (Fund 50)
 Trust Account (Fund 51)

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? _____

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

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