KRUM ISD
REQUEST TO ESTABLISH A NEW STUDENT ACTIVITY ACCOUNT

CAMPUS: _____

GROUP NAME: _____

SPONSOR NAME: _____

PURPOSE: _____

Check type of group (only one):

_____ Academic
_____ Business / Profession Related
_____ Classes (ie. Class of 2015, 8th Grade, etc.)
_____ Cultural / Social / Service
_____ Music Related
_____ Spirit / Theater
_____ Other _____

YES / NO

_____ Do other persons besides the students involved in the activity fund (teachers, sponsors, principals, administrators, etc.) have access to this activity fund?

_____ Do activity fund financial decisions rest solely with the students?
If Yes, continue below:

_____ Is the group organized for some business or activity other than instruction, participatory group, or team sport?

Is the group recognized by the school and organized by

_____ - electing officers? If so, attach a completed Student Activity Organization Officers form.

_____ - holding meetings and conducting business?

Sponsor Signature: _____
Date

Principal Approval: _____
Date

Finance Dept use only:

CAMPUS ACTIVITY or STUDENT ACTIVITY (Enter the new account code)
Campus Activity Fund: _____

Student Activity Fund: _____

Original - Finance Dept
Copy 1 - Campus Bookkeeper
Copy 2 - Activity Group Sponsor

September 2021