

FOR OFFICE USE ONLY

Date Submitted \_\_\_\_\_  
Vendor Contract Agreement Attached \_\_\_\_\_  
Weekly Accounting Report Attached \_\_\_\_\_

## KENYON-WANAMINGO SCHOOLS Activity Fundraiser Request Form

- As described in School Board Policy 511, the district intends to meet the basic needs of all programs through its annual budgeting process. Fundraising may be approved by the board to enhance a program. The school board recognizes a desire and a need by some school sponsored student organizations for fundraising. The school board also recognizes a need for some constraint to prevent fundraising activities from becoming too numerous and overly demanding on employees, students and the general public.
- All school sponsored fundraising activities must be approved in advance by the superintendent or his/her designee. Participation in non-approved activities shall be considered a violation of school district policy and will be addressed through progressive disciplinary action.
- The board will review fundraiser requests at regular meetings in May, October, and March only.
- All requests must also align with the guidelines of district policies 533 – Wellness, 610 – Field Trips, and 902 – Facilities Use.

Name of School Sponsored Activity: \_\_\_\_\_

Advisor in Charge: \_\_\_\_\_

Start Date of Activity: \_\_\_\_\_ End Date of Activity: \_\_\_\_\_

Type of Activity/Fundraiser: \_\_\_\_\_

Is signing a contract or agreement involved?      \_\_\_\_\_ YES      \_\_\_\_\_ NO  
(The superintendent is the only district employee with the authority to contract with another entity.)

Identify the vendor/company involved: \_\_\_\_\_

Is the contract or agreement attached?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

Time – Does it involve school time?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

If "YES" please state the exact times in the "Comments" section below.

Price of Admission/Fundraiser Item: \_\_\_\_\_

Proceeds to be used for: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Building Principal:   \_\_\_ Approved           \_\_\_ Not Approved   Date: \_\_\_\_\_

Business Manager:   \_\_\_ Accounting Procedures in Place   Date: \_\_\_\_\_

Superintendent:     \_\_\_ Approved           \_\_\_ Not Approved   Date: \_\_\_\_\_

School Board:        \_\_\_ Approved           \_\_\_ Not Approved   Date: \_\_\_\_\_

*Revised October 24, 2016*