

618AG1. STUDENT ACTIVITY FUNDS

Form A – Application to Establish Account



WEST CHESTER AREA SCHOOL DISTRICT
APPLICATION TO ESTABLISH ACCOUNT

Submit 3 copies to the Assistant Superintendent for submission to the Board.

Date: _____
Building: _____
Name of Account: _____

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

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: _____

Student Officer's Signature

Student Officer's Name Printed

Faculty Sponsor's Signature

Faculty Sponsor's Name Printed

Principal's Signature

Signature of Assistant Superintendent

BOARD OF EDUCATION ACTION

This request was: APPROVED DISAPPROVED

by the Board of Education at their meeting held on : _____
Meeting Date

Reason for disapproval or qualifications of approval, if applicable, were as follows:

Board Secretary's Signature

Date