



## REQUEST FOR AUTHORIZATION AS A SCHOOL-CONNECTED ORGANIZATION

Pursuant to Board Policy and Administrative Regulation 1230, all school-connected organizations (PTO, Booster Club, etc.) shall submit a request for authorization to the Business Office. Requests for authorization must contain the following information:

Date of Application: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Membership Quotas or Qualifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names, Addresses, and Phone Numbers of All Officers:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ Phone # \_\_\_\_\_

Brief Description of the Organization's Purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Specific Annual Objectives:

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Name of Bank to be Used: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Authorized Users of Account:

***Please Note:*** District employees cannot be signatures on parent/guardian club bank accounts.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Desired Use for Any Money Remaining at the End of the Year if the Organization is not continue or authorized to continue in the future:

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A Certificate of Liability must be attached to application (except for ASB organizations).

Any program, fund-raiser, or other activity sponsored by parent/guardian clubs shall be authorized and conducted according to Board policy, administrative regulation, and school rules.

School-connected organizations grant the district the right to audit their financial records at any time – either by district business personnel or by a certified public accountant. The Superintendent may recommend that authorization be revoked by the Board if considered necessary.

\_\_\_\_\_  
**Site Administrator Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Assist. Superintendent /Business Services Signature**

\_\_\_\_\_  
**Date**