Fund-Raising Activities - Approval of School-Wide Fund-Raising Projects

Name of School ____________________________

Date Submitted ____________________________

I hereby request your approval for the following school-wide project to be accomplished by the sale of materials through solicitation by students:

Purpose of the project ____________________________________________________________

Name/description of the product being sold ____________________________________________

Name and address of the publisher or jobber ____________________________________________

Names of adult supervisors at activity (chaperones, custodians, etc.):

____________________________________________________________________________

____________________________________________________________________________

Duration of sales

Begins ____________________________

Month Day Year

Ends ____________________________

Month Day Year

☐ Approved ☐ Not Approved

____________________________________________________________________________

Principal Date

____________________________________________________________________________

SBDM Council (if Council policy Date

____________________________________________________________________________

Superintendent (If School-Wide Fund Raiser) Date

Review/Revised: 9/12/02