

SIDNEY CENTRAL SCHOOL DISTRICT
STUDENT ACTIVITY ACCOUNTS

Notification of Fund Raising Event

STUDENT ORGANIZATION: _____

ACTIVITY (specific description/company name if applicable): _____

TIME PERIOD (start date through finish date): _____

PURPOSE OF ACTIVITY (reason/need): _____

Date Approved

Not Approved by Student Vote: _____ (Date of approval by organization per minutes)

Will items or services be sold to the students, staff, community, etc.? Yes No

If yes, does the item or service meet requirements for collection of sales tax? Yes No

Why or Why Not? _____

The undersigned attest that all rules and regulations of the Commissioner of Education on Financial Accounting of Extra Classroom Activity Funds, including the collection of sales tax, where applicable, will be reported and followed.

Staff Advisor: _____

Student Treasurer: _____

Building Principal: _____

Central Treasurer of Student Accounts: _____

Activity Approved Date: _____ Initial: _____

Activity Rejected Date: _____ Initial: _____

Reason for Rejection: _____

RETURN COMPLETED FORM INTACT TO DISTRICT OFFICE FOR CENTRAL TREASURER OF STUDENT ACCOUNTS APPROVAL WHO WILL THEN DISTRIBUTE AS FOLLOWS:
WHITE Copy: Retained by District Office
YELLOW Copy: Return to School Office
PINK Copy: Return to Class Organization