

Melissa T. Williams, PhD, Superintendent Katy S. Campbell, Esq., Board Member Elnora Smith-Love, Board Member Mary H. Hooks, Board Member Sgt. Major Clinton C. Boyd, Board Member Sawanda Wilson, Board Member

REQUEST TO CONDUCT FUNDRAISER

For Office Use	Only: School Year	Fundraiser Number
information requested	and submit this request to the	ERNAL fund raisers. Please complete ALL school principal/building director. Attach sted below will be notified of the decision relative
I School(s) involved	in the activity:	
		activity:
3 School Principal(s) or Group Sponsor(s):	
activity chairper request. Contact: Telephone: Email:	son, etc. This person must s	tivity. This should be a principal, group sponsor, ign below before submitting this
5 Name of Fund Ra	iser Activity:	
sold, items collect	ted, type of support solicited	formation as goods or services being i, etc. Attach additional information if more space is necessary to respond.
7 Date of Activity:	Starting Date:	Ending Date:
	Starting Time:	Ending Time:

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8	8 Will students be involved (i.e.sales, solicitation, distribution, and collection) in the fundraisin activity? [] Yes [] No. If so, how many students would be involved?		
9	Describe all ways in which students will be participating?		
) Will businesses or civic organizations be asked to contribute? [] Yes [] No . If so. How many? Describe:		
1	Has your group approved a budget (attach a copy with your request) for this activity? [] Yes [] No.		
1	2 Specifically, if you will be collecting money in any way, approximately how much will be collected and what is the anticipated profit? (This may be based on previous years' activities Collected \$ Profited \$		
1	3 If money is collected, describe the intended use(s) of these funds:		
1	4 If supporter or contributions (e.g. coupons, receipt labels, etc.) other than money is being sought, describe:		
	5 As a follow-up, what will be the results of collecting these items (e.g. computers, encyclopedias, etc.)- and how might they be used?		

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ACTION TAKEN BY PRINCIPAL/FUND RAISER REVIEW COMMITTEE

PRINCIPAL: (Please check one)				
This request constitutes an [] Internal or an [] External activity				
Check One: [Recommended Approval	[] Do Not Recommended Approval			
Justification:				
Signature of Principal	Date			
CENTRAL OFFICE RESPONSE:				
[] Approve	Disapprove			
Signature of Superintendent	Date			
Additional Approval notes:				
If disapproved, reason/considerations:				