



Santa Rosa City Schools
Educational Services – Grades 7-12
REQUEST FOR APPROVAL OF FUND-RAISING ACTIVITY
(Refer to Board Policy and Administrative Regulation 1321)

APPROVED

School: SRHS Club or sponsoring group: FFA
 Dates of Fund-raiser: Beginning date 10/12 Ending date 10/12

Note: No extra credit can be received by a student for involvement in fund-raising activities.

Purpose: Please describe the project for which the funds will be used.

to pay for National convention trip

Description of fundraiser: Please include hours/services or items to be sold. Submit ONE request per form.

DRIVE thru dinner @ SRHS 4-6

Attachments required:

- Student Organizations: A copy of minutes indicating approval of the fundraiser and purpose of proceeds
- Budget for the proposed activity

Approvals required: (Principal: please check the appropriate type of activity)

Principal Approval Only: (Submit a COPY of this principal-approved form to Educational Services for their records.)

- On-campus (not during class periods)
 Service activity by club or organization which is not dangerous (e.g., car wash)
 Annual student body fund-raiser (one per year) limited to one-month duration; within school attendance area and/or major shopping center (downtown Santa Rosa, Coddington, Montgomery Village)

Principal and Educational Services Assoc. Supt. Approval: (If checked below, submit ORIGINAL to Educational Services for approval at least one month before event. Principal approval required prior to submission to Ed. Services.)

Non-service activity by school club or organization involving community solicitation limited to one-month duration; within school attendance area and/or major shopping centers (downtown Santa Rosa, Coddington, Montgomery Village)

Food Services Representative: If food is being sold, site cafeteria worker review and approval is required. NOT DURING SCHOOL HOURS

Signatures:

Submitted by: Club Advisor: [Signature] Date: 9/8/23

Reviewed by: School Office/Business Manager: [Signature] Date: 9/8/2023

Approval:

Approved NA Denied N/A Date: _____ By: N/A
 Cafeteria Supervisor (if food sales)

Approved ✓ Denied _____ Date: 9/8/23 By: [Signature]
 Principal

Approved _____ Denied _____ Date: _____ By: [Signature]
 Assoc. Supt. Ed Services (if required: see "Approvals Required")

Distribution upon approval:

- (1) Requestor (2) School Business Manager (3) School Office Manager (4) Assoc. Supt., Educational Services