



**WEST CHESTER AREA SCHOOL DISTRICT
DEPLETION OF SENIOR CLASS FUNDS**

Submit 3 copies to the Director of Secondary Education with
Application to Terminate Account for submission to the Board.

Date: _____

We, the Class of _____ (year) choose option # [please check your choice below],
and want the remaining funds in the class treasury depleted in the following manner
upon graduation. This form will be used as the documentation on file at the building
noting the class purchase.

_____ 1.* The remaining money to be used to purchase a class gift or to make
a donation. We, the Class of _____ (year) want the following
to be purchased/donated:

OR

_____ 2. With the remaining money, the Principal and/or their committee
will purchase a gift of their choosing or make an appropriate donation.

Class Officer's Signature

Class Officer's Name Printed

Faculty Advisor's Signature

Faculty Advisor's Name Printed

Principal's Signature

Signature of Director of Secondary Education

*This method is preferred.