



**WEST CHESTER AREA SCHOOL DISTRICT
APPLICATION TO TERMINATE ACCOUNT**

Submit 3 copies to the Director of Secondary Education for submission to the Board.

Check appropriate box:

Date: _____

Student Activity Account (Fund 50)

Building: _____

Trust Account (Fund 51)

Account Number: _____

Name of Account: _____

Ending Account Balance: _____

Disposition of Remaining Funds: _____

Student Officer's Signature

Student Officer's Name Printed

Faculty Advisor's Signature

Faculty Advisor's Name Printed

Principal's Signature

Signature of Director of Secondary Education

BOARD OF EDUCATION ACTION

This request was APPROVED

DISAPPROVED

by the Board of Education at their meeting held on : _____

Meeting Date

Reason for disapproval or qualifications of approval, if applicable, were as follows:

Board Secretary's Signature

Date