



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

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

Date: _____

Building: _____

Name of Account: _____

Check appropriate box:

Student Activity Account (Fund 50)

Trust Account (Fund 51)

State the purpose for which this account is intended:

List Source(s) of revenue:

List types of expenses to be incurred:

How long do you plan to keep this account active: _____

Student Officer's Signature

Student Officer's Name Printed

Faculty Sponsor's Signature

Faculty Sponsor'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