

## Appendix D.

### Crook County School District #1 Request for New Student Activity Account

|               |                            |
|---------------|----------------------------|
| School:       | Account # and Title:       |
| Today's Date: | Person Requesting Account: |

|  |
|--|
| 1. What is the proposed purpose of the new account?  |
| 2. What will be your source(s) of revenue? (Please list how the income will be generated.) |
| 3. Will students be involved in generating revenue? Yes____ No____<br>If Yes, How?         |
| 4. Who will decide how these funds are spent?  |
| 5. Who will be the School District contact sponsor or person for this account?             |

Sponsor's Signature\_\_\_\_\_

Principal's Signature\_\_\_\_\_

**Return to Central Office for Account Set-up and Processing**

|                                  |
|----------------------------------|
| Account #:                       |
| Business Manager Approval:       |
| Official Description of Account: |