

DISTRICT SUPPORT ORGANIZATION ANNUAL REGISTRATION

Turn in by May 1<sup>st</sup> for the following school year

SCHOOL YEAR \_\_\_\_\_ ORGANIZATION NAME \_\_\_\_\_

CONTACT OFFICER \_\_\_\_\_ EMPLOYEE IDENTIFICATION NUMBER (EIN) \_\_\_\_\_

<u>Officer Name</u>	<u>Position</u>	<u>Phone</u>	<u>Y/N</u> <u>if on organization banking</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ORGANIZATION PURPOSE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEFINE TYPES AND DEGREE OF STUDENT INVOLEMENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Statement of Assurances:**

On behalf of the above named organization, I certify that we will use funds within the organization and the funds will not be considered public moneys; that any sponsored activity will be in the best interest of the students of Fostoria Schools; will guarantee that at least seventy percent (70%) of funds raised will be spent on student activities; will obtain permission to use school property; will use teacher, staff, or student volunteers to conduct it's activities only if approved by the administration; and will be willing to pay for any or all additional expenses incurred by the activity.

I understand that, upon Board approval of this registration, this organization will be covered by the District's liability insurance policy for the school year and that our organization must comply with all Board Policies and Guidelines.

\_\_\_\_\_  
**Contact Officer Signature**                      **Superintendent Signature**                      **Submission Date**

\_\_\_\_\_  
**Certified by Treasurer**                      **Board Approval Date**