

North Adams Public Schools
Fundraising and Donation Drive Permission Request Form

Sponsoring Teacher/Advisor: _____ Date of Request: _____

Purpose of Fundraiser: _____

Is the fundraiser associated with a class or school group? Yes No Who? _____

Has the fundraiser been approved as a Service-Learning Project? Yes No

What is being solicited? Money Goods (describe) _____

Who will be the beneficiary of the funds or goods? _____

Who will be doing the solicitations? Faculty/Staff Students Parents Other _____

From whom are solicitations sought? Faculty/Staff Students Parents Other _____

Who will be responsible for collecting funds or goods, storing, and maintaining documentation?

If soliciting funds, where will funds be deposited? _____

Is the fund-raiser a memorial? Yes No

How will the fund-raiser be promoted? school email school posters school
announcements community posters social media (specify) _____

Start Date: _____ End Date: _____

As the sponsor of this fund-raiser,

- I agree to conduct this fund-raiser in compliance with district policies.
- I understand that I am personally responsible for all funds collected and for keeping accurate records.
- I will exercise strict control over all products in my possession.

Sponsor Signature: _____

| | | | |
|------------------------|-------------|--------------------------------------|------------------------------------|
| Principal _____ | Date _____ | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> |
| Superintendent _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| School Committee _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

(if deemed necessary per SC policy by superintendent)

AFTER REVIEW, RETURN SIGNED COPIES TO 1. Sponsor 2. School Office for entry into fund-raising calendar/log