

**Exhibit - Request for Dissolution of Student Activity Fund**

To be submitted to the Business Manager

Permission is hereby requested to dissolve a Student Activity Fund for the purposes below:

School Name Normal West

Student Activity Fund Name Class of 2025

1. The balance of the Student Activity Fund is \$ 0

2. Reason for dissolution: Class graduated, funds transferred to other accounts

3. The balance in the fund is to be transferred to:

Account Title	Account Number
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4. **Authorized Signatures:**

The following individuals authorized the dissolution of this fund:

<u>Student Representative</u>	<u>Abigail Purn</u> Faculty Advisor
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<u>Principal</u>	<u>Principal</u>
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This request was approved by the Board of Education on \_\_\_\_\_

<u>Business Manager</u>	<u>Date</u>
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