

GOVERNING BOARD AGENDA ITEM AMPHITHEATER UNIFIED SCHOOL DISTRICT NO. 10

DATE OF MEETING: December 10, 2024

TITLE: Approval of Parent Support Organization(s) – 2024-2025

BACKGROUND:

Approval of the following Parent Support Organization(s) pursuant to District Policy KBE-R:

Amphitheater Middle School PTO JOM Indian Education Committee CDO Swimming Booster

RECOMMENDATION:

It is the recommendation of the Administration that the Governing Board approve this (these) organization(s).

INITIATED BY:

Scott Little, Chief Financial Officer

Fodd A. Jaeger, J.D., Suberintendent

Date: December 3, 2024

AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2024-2025	
Name of Organization Amphitheater Middle School	PTO School Amphitheater Middle Sch
Related Student Organization or Club	
OFFICERS:	
Name: Rene Reyes	Name: Janet Reyes
Office Held: President	Office Held: Treasurer
Address:	Address:
Production and the state of the	
E-mail:	E-mail:
Phone(s):	Phone(s):
Date taking office: 10/17/24	Date taking office: 10/17/24
Name:	XI
Office Held:	Office Held:
Address:	Address:
	•
Phone(s):	Phone(s):
Date taking office:	Date taking office:
6) Last fiscal year I.R. 7) Most recent treasure 8) Most recent bank st Unformal Non-Profit Please Attach: 1) Annual budget, goals 2) Current operating by 3) Most recent treasure 4) Most recent bank st	y-laws Corporation Commission Annual Report S. Form 990 Annual Report ers financial report atement s and objectives y-laws ers financial report atement
Are two signatures required on disbursements? Yes N	
Member meetings held how often? Thurs A Mouth E	xecutive meetings held how often? <u>FVFRY OTHER</u> WEEK
As officers, we hereby agree to abide the By-Laws of our organiz training, and follow the district's Guidelines For Operation And children's educational opportunities where support is needed. Signature Signature Date Signature Site Administrator's Approval:	ation, attend annual district-provided Parent Support Group
For district use: Finance Department recommendation. Governing Board Agenda date:	12 (17/24) Revised 5-2-05

Print Form

AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2	2024-2025			
Name of Organization JOM Indian Education Committee		School Native American Ed		
Related Stude	nt Organization or Club		Taxpayer I.D. <u>46-4147442</u>	erainelettiva dalam mana serre
OFFICERS:				
Name:	Christine Nelson	Name:		
Office Held:	President	Office Held:	Treasurer	
Address:		Address:		
E-mail:		E-mail:		
Phone(s):	S		Year.	
	ffice: 08/01/24		fice:	
	Christina Mena			
-	Alternate		The second secon	***
Address:		·		
Phone(s):		***		
	ffice: 08/01/24		fice:	
• Informal l	5) Last fiscal year AZ 6) Last fiscal year I.R 7) Most recent treasur 8) Most recent bank s Non-Profit Please Attach: 1) Annual budget, goal 2) Current operating by	.S. Form 990 Ar rers financial rep tatement Is and objectives	ort	
	Most recent treasur Most recent bank s	•	ort	
Are two signat	tures required on disbursements? Yes	No By-laws	reviewed annually?	C No
Member meeti	ngs held how often? Monthly	Executive meetin	ngs held how often?As needed	
training, and f	hereby agree to abide the By-Laws of our organicollow the district's Guidelines For Operation And Chiondl opportunities where support is needed.	zation, attend an I Financial Respo G Signature	nual district-provided Parent Supp onsibility while we strive to improv	oort Group e our Date
Signature) Date	Signature		Date
Site Administrator	's Approval: Marley Mansau Signature	n	8/2024 Date	Dino
For district use	z: Finance Department recommendation	n: approved	HEV 12 24 MY 0	Ž

Governing Board Agenda date:

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AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2024-2025				
Name of Organization CDO. Swimming Booster	School Canyon del Oro High Sch			
Related Student Organization or Club	Taxpayer I.D. 87-2285808			
OFFICERS:				
Name: Anthony Ferrara	Name: Kurt Weibel			
Office Held: President	Office Held: Treasurer			
Address:	Address:			
E-mail:	The state of the s			
Phone(s):	Phone(s):			
Date taking office: 09/01/21				
Name: Julie Crawford				
Office Held: Vice President				
Address:	Address:			
Phone(s):				
Date taking office: 11/05/24				
**************************************	TAX VALUE AND			
3) Annual budget, 4) Current operatin 5) Last fiscal year 6) Last fiscal year 7) Most recent trea 8) Most recent ban	AZ Corporation Commission Annual Report I.R.S. Form 990 Annual Report surers financial report k statement			
C Informal Non-Profit Please Attach: 1) Annual budget, goals and objectives 2) Current operating by-laws 3) Most recent treasurers financial report 4) Most recent bank statement				
Are two signatures required on disbursements? (Yes	No By-laws reviewed annually? • Yes • No			
Member meetings held how often? Twice Monthly	Executive meetings held how often? Twice Monthly			
As officers, we hereby agree to abide the By-Laws of our orgitraining, and follow the district's Guidelines For Operation of Children's educational opportunities where support is needed Signature Date Signature Date Signature Signature Signature Signature Signature Signature				
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For district use:

Finance Department recommendation: a from Governing Board Agenda date: 191024