

FOR OFFICE USE ONLY

Date Submitted _____

Vendor Contract Agreement Attached _____

Weekly Accounting Report Attached _____

KENYON-WANAMINGO SCHOOLS Activity Fundraiser Request Form

- As described in School Board Policy 511, the district intends to meet the basic needs of all programs through its annual budgeting process. Fundraising may be approved by the board to enhance a program. The school board recognizes a desire and a need by some school sponsored student organizations for fundraising. The school board also recognizes a need for some constraint to prevent fundraising activities from becoming too numerous and overly demanding on employees, students and the general public.
- All school sponsored fundraising activities must be approved in advance by the superintendent or his/her designee. Participation in non-approved activities shall be considered a violation of school district policy and will be addressed through progressive disciplinary action.
- The board will review fundraiser requests at regular meetings in May, October, and March only.
- All requests must also align with the guidelines of district policies 533 – Wellness, 610 – Field Trips, and 902 – Facilities Use.

Name of School Sponsored Activity: KW HS CHOIRS

Advisor in Charge: Hannah Johnson

Start Date of Activity: SEPT 23, 2025 End Date of Activity: NOV 18 - NOV 22

Type of Activity/Fundraiser: POINSETTIA SALES [depends on delivery date]

Is signing a contract or agreement involved? YES X NO
(The superintendent is the only district employee with the authority to contract with another entity.)

Identify the vendor/company involved: GERTENS GREENHOUSES

Is the contract or agreement attached? YES X NO

Time – Does it involve school time? YES X NO

Applying for an account

If "YES" please state the exact times in the "Comments" section below.

Price of Admission/Fundraiser Item:

Varies

based on item

(25-100?)

(Plant cards,
Poinsettias,
Holiday Arrangements)

Proceeds to be used for:

2024 SPRING MUSIC TOUR (CHICAGO)

Individual student accounts

Comments:

30% of profit goes to the student

Advisor Signature:

[Signature]

Date:

8/29/25

Student Officer Signature:

[Signature]

Date:

8/29/25

Building Principal:

M.R.

☒ Approved

☐ Not Approved

Date: 9-4-25

Business Manager:

DS

☐ Accounting Procedures in Place

Date: 9/8/25

Superintendent:

[Signature]

☒ Approved

☐ Not Approved

Date: 9-8-25

School Board:

☐ Approved

☐ Not Approved

Date: _____

Revised October 24, 2016