

NAVARRO INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR DONATION

Donor Name: Seguin Texas State Optical PLLC
Address: 515. E. Court Street Ste 100
Phone: 830-372-1650

Name, address, and contact information of person authorized by the donor to act on behalf of the donor regarding donation:

Name: Brianne Turner
Address: 137 Madras Seguin TX 78155
Home Phone: _____ Cell Phone: 847-650-3189

Description, value and purpose of the donation:

Sensory needs in & out of classroom.
snacks \$2000

Life of donation:

One time donation

Provisions or restrictions placed on the donation:

NONE

Terms and conditions for return of the donation to the donor if the donation has any time or use limitations:


NONE

Itemization of matching or additional funds or other costs that may be incurred by the District during and subsequent to the donation period:

NO NE

Donor comments, instructions and/or requests regarding the proposed donation:

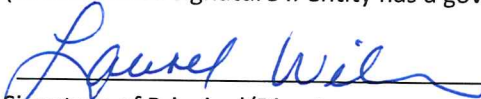
The signature of the donor indicates that he/she has conferenced with the campus principal and/or Superintendent's designee and has provided the information reflected in the responses to the prompts/questions.



Signature of Donor
(or authorized signature if entity has a governing board)

11/14/24

Date



Signature of Principal/Director

12/2/2024

Date

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THE BELOW SECTION TO BE COMPLETED BY THE SUPERINTENDENT

Does the donation create a program or condition that is inconsistent with District policies, philosophies or current plans or purposes? YES NO

Does the donation create costs to the District that are unreasonable or unsupportable? YES NO

Does the donation create a restriction on any other school or District program that is inconsistent with District policies, philosophies, or current or future plans or purposes? YES NO

Does the donation create a conflict with public law? YES NO

Final Disposition:

APPROVED

DECLINED



Superintendent

12-4-24

Date