

SCHLEICHER COUNTY ISD  
REQUEST FOR CHECK

ACCOUNT NUMBERS

MAKE CHECK PAYABLE TO

NAME:

ADDRESS:

AMOUNT:

PURPOSE:

REQUESTING PARTY:

DATE:

SUPERVISORS APPROVAL:

FINANCE APPROVAL:

SUPERINTENDENT APPROVAL:

### Out-of-District Field Trip Request

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Organization / Class Name: \_\_\_\_\_  
Sponsor(s)/Teacher(s) Requesting Approval: \_\_\_\_\_  
\_\_\_\_\_

Field Trip Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Trip Destination: \_\_\_\_\_  
\_\_\_\_\_

Names of Sponsors:	Number of Students Participating: _____
_____	Criterion Used to Select Students for trip: _____
_____	_____
_____	_____
_____	_____

Transportation Requested: \_\_\_\_\_

Anticipated Cost of Trip:	Anticipated Sources of Revenue:
Student Meals: _____	_____ = _____
Adult Meals: _____	_____ = _____
Bus Driver: _____	_____ = _____
Lodging _____	_____ = _____
Other: _____	_____ = _____
TOTAL: _____	TOTAL: _____

Educational Value of Trip:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the steps taken to communicate with parents regarding liability; behavioral expectations, personal needs of student on the trip, etc. (attach sample documents sent home):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Schleicher County ISD Board of Trustees approved this Request for Out-of-District Field Trip at its Regular/Called Meeting held on \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature - Superintendent of School

# Fund Raiser Request Form

Name of Organization: \_\_\_\_\_

Item(s) to be sold: \_\_\_\_\_

Dates (inclusive) of sale: \_\_\_\_\_

Target customers: \_\_\_\_\_

Funds will be used for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other pertinent info: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

PLEASE PRINT

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved by:**

**Principal**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Superintendent**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Schleicher County Independent School District

## DONATION/GIFT REQUEST

TO:			
FOR:			
FROM:			
	Principal/Department Head		
	School/Department		
SUBJECT:	DONATION/GIFT		
Name of Donor (if organization, include name of president)			
Mailing Address		City	Zip Code
Description of Donation/Gift			Value

Permission is requested to accept this donation/gift for our school/department. The donor understands that this donation/gift will become the property of the Schleicher County Independent School District and will be under the jurisdiction of the school/department in accordance with Board policy and administrative rules and regulations. Approved donations/gifts should be added to fixed assets inventory if applicable.

REMARKS:

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Revenue Account Code \_\_\_\_\_

Expenditure Account Code \_\_\_\_\_

( ) Approval                      ( ) Disapproval

Business Manager

Date of Board Action