

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	PTO
External Support/Booster Organization	
Name of Fundraiser	Donation Letter
Sponsor	PTO
Date Submitted	1/26/2016

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Student Rewards

Items to be sold:
Donation Letters

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
TCMS and it's students

Date(s) scheduled:
March 31st

Names of adult supervisors at activity (chaperones, custodians, etc.):
Les Broady, Kadi Ralston

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

To the parents of:

«studentfirstName» «studentlastName»

I want to thank each family for helping Todd County Middle School get off to a great start. Our students are doing an incredible job academically and behaviorally. This can only be accomplished through the support of families and the community.

Each year students and families are asked to participate in a variety of fundraisers to support student rewards and to provide for additional instructional equipment. We have been approached by several vendors who would love to get a foot in the door at Todd County Middle in hopes that our students will be able to sell their products.

The products that our students are asked to sell are often novelty items that are marked up to ridiculous prices to allow the school and the vendor to make a profit. The school generally earns 30% of the total sales, so \$50 of sales equates to \$15 into student funding. This type of marketing is something that we teach students to recognize and avoid as consumers. Most of the sales are made to the immediate family members. Often the family feels pressured to make the purchase with the promise of a novelty reward at school.

Our school feels it is time for a change. This year Todd County Middle will only participate in fundraising activities that promote school pride or are events held at the school. These will include dances, sales for band, or t-shirt sales etc. Rather than asking students to engage in selling products, I am inviting families to make a tax-deductible donation to support the students of TCMS. We have enclosed the forms necessary to complete your donation and would ask that you participate at the level you feel is within your family budget. The administration will sign the donation form and return it to the student for your records. If you have extended family that would like to help out, we will gladly send them the donation forms.

Please contact the school with any concerns or questions. Again, thank you for your continued support of our school and our students. It is our pleasure to work with you to provide the best for our children. Thank you for your continued support of our students.

Respectfully,

Les Broady
Principal
Todd County Middle School

SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

School	TCMS
Activity Account	Student Council
External Support/Booster Organization	
Name of Fundraiser	Multiple Sclerosis
Sponsor	LeAnn Russell
Date Submitted	1/12/2016

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To raise money for Multiple Sclerosis Association

Items to be sold:
Staff will pay no less than \$5 to wear jeans for 5 days.

Beneficiary of fundraising activity: **Multiple Sclerosis Association** (Who will receive the benefit of the funds)

Date(s) scheduled:
March 1/2016

Names of adult supervisors at activity (chaperones, custodians, etc.):
LeAnn Russell, Esther Dickinson

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One: **Approved** **Not Approved**

Date _____

Principal

Date _____

SBDM Council (If Council Policy)

Date _____

Superintendent

Date _____