

Must be received at Central Office NLT than the Wednesday (1 wk prior) to the board meeting

**FUND RAISING FORM**  
**Simpson County Schools**

School: FRANKLIN ELEMENTARY

Activity Fund: PTO

Sponsor: PTO

Date Submitted: 07/15/19

What grade range will be involved in this activity? PREK - K

State the one MAIN purpose of this fund raising activity (how will students benefit from participating in this activity?):

☐ Educational experience ☐ School spirit ☐ Community service

☒ Fund Raising ☐ Other: \_\_\_\_\_

Describe Activity: BIRTHDAY NAMES ON SIGN  
IN FRONT OF FES

Beneficiary of fund raising activity: STUDENTS

Place of Activity: FES

Date(s) of Activity: 2019 - 2020 Time(s) of Activity: \_\_\_\_\_

Names of adult supervisors at activity (chaperones, custodians, etc.): \_\_\_\_\_

FES STAFF, PTO MEMBERS

Rachel Wyt  
Principal Date 7/19/19

SBDM Council (if Council Policy) \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Board Approval Date \_\_\_\_\_ Not Approved

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☒ Fund Raising ☐ Other: \_\_\_\_\_

Describe Activity: FALL FESTIVAL / SPRING FLING  
INFLATIBLES, FOOD TRUCKS, SILENT AUCTION  
GLOW BANDS

Beneficiary of fund raising activity: STUDENTS

Place of Activity: FES

Date(s) of Activity: FALL 2019 Time(s) of Activity: \_\_\_\_\_

SPRING 2020  
Names of adult supervisors at activity (chaperones, custodians, etc.): \_\_\_\_\_

TEACHERS, STAFF, PTO MEMBERS

Rachel Wyzt  
Principal Date 7/19/19

SBDM Council (if Council Policy) Date

Superintendent Date

Board Approval Date \_\_\_\_\_ Not Approved

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☐ Educational experience ☐ School spirit ☐ Community service

☒ Fund Raising ☐ Other: \_\_\_\_\_

Describe Activity: T SHIRT SALES

Beneficiary of fund raising activity: STUDENTS AT FES

Place of Activity: FES

Date(s) of Activity: 2019-2020 Time(s) of Activity: \_\_\_\_\_

Names of adult supervisors at activity (chaperones, custodians, etc.): \_\_\_\_\_

FES TEACHERS, PTO MEMBERS, ADMIN. STAFF

Rachel Wray  
Principal Date 7/19/19

SBDM Council (if Council Policy) \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Board Approval Date \_\_\_\_\_ Not Approved