

**SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM**

School:	OCHS
School Address:	

RECEIPT #	
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Fiscal Year Ending:	SY25	210
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Date of gift:	12-9-25
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School Federal ID #	61-6001306
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Donor Name:	OCAB	
Donor Address:	street address	
street address (continued)		
city	state	zip code

Donor Phone Number:	
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Type of donation: (Circle one)	Cash	Check	Amount: 2312.23	Other
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Other gift description including purpose and restrictions on donation:	Colonel Care Holiday ASSIST program
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Was anything of value received in exchange for donation?	Yes	No	<input checked="" type="checkbox"/>
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If yes, description and dollar value:	
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Donors Federal ID # (if applicable)	
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Jenny Edelle **12-9-25** **Tatzi Brown** **12/10/25**
 Person accepting donation Date Principal Date

*Tech Dept/Facilities	Date	*Superintendent	Date
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*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more

*Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level

*OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F22 Account.

*OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.

OLDHAM COUNTY HIGH SCHOOL
SCHOOL ACTIVITY FUND
MULTIPLE RECEIPT FORM

SCHOOL	OCHS
ACTIVITY FUND	OCHS

RECEIPT NO.
FUNDRAISER
TEACHER

41102

#	Student Signature	Cash Amount	Check Amount	Check #	#	Student Signature	Cash Amount	Check Amount	Check #
1.	OC Athletic Boosters		\$2,312.23	1015	16.				
2.	(Holiday Assistance Program - Final Round Donation)				17.				
3.					18.				
4.					19.				
5.					20.				
6.					21.				
7.					22.				
8.					23.				
9.					24.				
10.					25.				
11.					26.				
12.					27.				
13.					28.				
14.					29.				
15.					30.				

Total Cash (Bills)	
Total Cash (Coins)	
Total Checks	\$2,312.23
GRAND TOTAL	\$2,312.23

Students in third grade and above must sign form as they turn in money. The form and collected money must be given to the school treasurer daily. The school treasurer will complete the Recapitulation section and issue a receipt.

Recapitulation:

of Students

Total Amount Remitted

 2312.23

Jennifer Larimore, Treasurer
Person Remitting Money (Activity Sponsor)

Sonya Ward
School Treasurer (Bookkeeper)

12/8/2025
Date

12-9-25
Date

White copy to School Treasurer

Yellow Copy for Teacher/Sponsor

**SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM**

School:	Oldham County Middle 070
School Address:	4305 Brown Blvd
	La Grange, Ky. 40031

RECEIPT #	18309
Fiscal Year Ending:	2026

Date of gift:	11/16/25
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School Federal ID #	61-6001306
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Donor Name:	Josh Kirk
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Donor Address:	2111 Quail Ridge Dr	
	street address	
street address (continued)		
city	KY	40031
state	zin code	

Donor Phone Number:	859-533-1059
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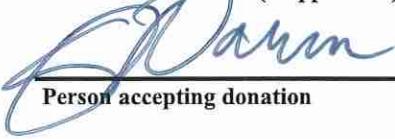
Type of donation: (Circle one)	Cash	Check	An	5200	Other
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Other gift description including purpose and restrictions on donation:
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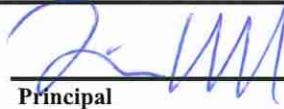
Was anything of value received in exchange for donation?	Yes	No <input checked="" type="checkbox"/>
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If yes, description and dollar value:

Donors Federal ID # (if applicable)	
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Person accepting donation

11/19/25


Principal

11/19/25
Date

*Tech Dept/Facilities	Date	*Superintendent	<input type="checkbox"/>	Date
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*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more

*Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level

*OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F21 Account.

*OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.

**SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM**

School:	Oldham County High School
School Address:	1150 N Hwy 393
	LaGrange, KY 40031

RECEIPT #

Fiscal Year Ending:	SY 25/26
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Date of gift:	12-5-25
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School Federal ID #

Donor Name:	OCBB
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Donor Address:	PO Box 187	
street address		
street address (continued)		
Buckner	KY	40010
city	state	zip code

Donor Phone Number:

Type of donation: (Circle one)	Cash	Check	Amount: 1837.77	Other
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Other gift description including purpose and restrictions on donation:
SUPPORT Dance team

Was anything of value received in exchange for donation?	Yes	No	<input checked="" type="checkbox"/>
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If yes, description and dollar value:

Donors Federal ID # (if applicable)

Don Sapp 12/3/25
Person accepting donation Date

Debra 12/10/28
Principal Date

*Tech Dept/Facilities	Date	*Superintendent	Date
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*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more

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OLDHAM COUNTY HIGH SCHOOL
SCHOOL ACTIVITY FUND
MULTIPLE RECEIPT FORM

SCHOOL	OCHS
ACTIVITY FUND	OCHS

RECEIPT NO.
FUNDRAISER
TEACHER

#	Student Signature	Cash Amount	Check Amount	Check #	#	Student Signature	Cash Amount	Check Amount	Check #
1.	OC Athletic Boosters		\$1,837.77	1009	16.				
2.	(Dance - Transfer to School Account)				17.				
3.					18.				
4.					19.				
5.					20.				
6.					21.				
7.					22.				
8.					23.				
9.					24.				
10.					25.				
11.					26.				
12.					27.				
13.					28.				
14.					29.				
15.					30.				

Total Cash (Bills)	
Total Cash (Coins)	
Total Checks	\$1,837.77
GRAND TOTAL	\$1,837.77

Students in third grade and above must sign form as they turn in money. The form and collected money must be given to the school treasurer daily. The school treasurer will complete the Recapitulation section and issue a receipt.

Recapitulation: # of Students Total Amount Remitted 1837.77

Cherie Farinone, Treasurer
Person Remitting Money (Activity Sponsor)

Sonya Lewis
School Treasurer (Bookkeeper)

12/5/2025
Date

12-5-25
Date

White copy to School Treasurer

Yellow Copy for Teacher/Sponsor

**SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM**

School:	Oldham County High School
School Address:	1150 N Hwy 393
	LaGrange, KY 40031

RECEIPT #

Fiscal Year Ending:

Date of gift: **12-5-25**

School Federal ID #

Donor Name: **OCAB**

Donor Address:	street address	
	street address (continued)	
city	state	zip code

Donor Phone Number:

Type of donation: (Circle one)	Cash	Check	Amount: #3000	Other
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Other gift description including purpose and restrictions on donation:

Girls Soccer Uniform rotation - Athletic General

Was anything of value received in exchange for donation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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If yes, description and dollar value:

Donors Federal ID # (if applicable)

Paul Hohen**12-5-25**

Person accepting donation

Trista Bran 12/5/25

Principal

Date

*Tech Dept/Facilities

Date

*Superintendent

Date

*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more

*Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level

*OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F21 Account.

*OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.

**SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM**

School:	Oldham County High School
School Address:	1150 N Hwy 393
	LaGrange, KY 40031

RECEIPT #

Fiscal Year Ending:

Date of gift:	12/5/25
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School Federal ID #

Donor Name:	OCAB
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Donor Address:	street address	
	street address (continued)	
city	state	zip code

Donor Phone Number:

Type of donation: (Circle one)	Cash	Check	Amount: 5750.00	Other
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Other gift description including purpose and restrictions on donation:		
FB - \$1000 BOYS SOCCER - \$1850	XC - \$2900	TO SUPPORT TEAMS

Was anything of value received in exchange for donation?	Yes	No
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If yes, description and dollar value:

Donors Federal ID # (if applicable)

Paul Holien

12-5-25

Person accepting donation

Mark Brum 12/8/25

Principal

Date

*Tech Dept/Facilities

Date

*Superintendent

Date

*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more

*Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level

*OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F21 Account.

*OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.

**SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM**

School:	Oldham County High School
School Address:	1150 N Hwy 393
	LaGrange, KY 40031

RECEIPT #

Fiscal Year Ending:

Date of gift: **12-5-25**

School Federal ID #

Donor Name: **DCAB**

Donor Address:		
street address		
street address (continued)		
city	state	zip code

Donor Phone Number:

Type of donation: (Circle one)	Cash	Check <input checked="" type="radio"/>	Amount: \$1000	Other
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Other gift description including purpose and restrictions on donation:

Donation to Athletics to support groups

Was anything of value received in exchange for donation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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If yes, description and dollar value:

Donors Federal ID # (if applicable)

Paul Holien
Person accepting donation**12-5-25**
Date**June 2018**
Principal Date

*Tech Dept/Facilities	Date	*Superintendent	Date
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*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more

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*OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F21 Account.

*OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.

OLDHAM COUNTY HIGH SCHOOL
SCHOOL ACTIVITY FUND
MULTIPLE RECEIPT FORM

SCHOOL	OCHS
ACTIVITY FUND	OCHS

RECEIPT NO.
FUNDRAISER
TEACHER

#	Student Signature	Cash Amount	Check Amount	Check #	#	Student Signature	Cash Amount	Check Amount	Check #
1.	OC Athletic Boosters		\$5,750.00	1011	16.				
2.	(Transfer to School Account)				17.				
3.	Football \$1000				18.				
4.	Boys Soccer \$1850				19.				
5.	Cross Country \$2900				20.				
6.					21.				
7.	OC Athletic Boosters		\$3,000.00	1012	22.				
8.	(Donation - Uniform Replacement [Girls Soccer])				23.				
9.					24.				
10.	OC Athletic Boosters		\$1,000.00	1013	25.				
11.	(Donation to Athletics from Wrestling)				26.				
12.					27.				
13.					28.				
14.					29.				
15.					30.				

Total Cash (Bills)	
Total Cash (Coins)	
Total Checks	\$9,750.00
GRAND TOTAL	\$9,750.00

Students in third grade and above must sign form as they turn in money. The form and collected money must be given to the school treasurer daily. The school treasurer will complete the Recapitulation section and issue a receipt.

Recapitulation: _____ # of Students _____ Total Amount Remitted **9750.00**


 Person Remitting Money (Activity Sponsor)

12/5/2025
 Date


 School Treasurer (Bookkeeper)

12/8/25
 Date

**SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM**

Donors Federal ID # (if applicable)

Paul Holien

12|3|25

Weston 12/3/25
Principal Date

***Tech Dept/Facilities**

Date _____

***Superintenden**

Date

***Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more**

*Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level.

*OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F22 Account.

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OLDHAM COUNTY HIGH SCHOOL
SCHOOL ACTIVITY FUND
MULTIPLE RECEIPT FORM

SCHOOL	OCHS	RECEIPT NO.
ACTIVITY FUND	OCHS	FUNDRAISER
		TEACHER

Colonel Care Center
Donation

#	Student Signature	Cash Amount	Check Amount	Check #	Check #	Student Signature	Cash Amount	Check Amount	Check #
1.	OC Athletic Boosters		\$1,497.53	1002	16.				
2.	(Holiday Assistance Program - 1st Round Donation)				17.				
3.					18.				
4.	OC Athletic Boosters		\$1,430.75	1003	19.				
5.	(Holiday Assistance Program - 2nd Round Donation)				20.				
6.					21.				
7.					22.				
8.					23.				
9.					24.				
10.					25.				
11.					26.				
12.					27.				
13.					28.				
14.					29.				
15.					30.				

Total Cash (Bills)	
Total Cash (Coins)	
Total Checks	\$2,928.28
GRAND TOTAL	\$2,928.28

Students in third grade and above must sign form as they turn in money. The form and collected money must be given to the school treasurer daily. The school treasurer will complete the Recapitulation section and issue a receipt.

Recapitulation: # of Students Total Amount Remitted

Jennifer Larimore, Treasurer
Person Remitting Money (Activity Sponsor)
12-1-25
Date

Sonya Lusk
School Treasurer (Bookkeeper)
12/3/25
Date

**SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM**

School:	OCHS
School Address:	

RECEIPT #	
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Date of gift:	12/3/25
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Fiscal Year Ending:	FY2022
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Donor Name:	DCAB
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School Federal ID #	61-6001306
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Donor Address:	street address	
	street address (continued)	
city	state	zip code

Donor Phone Number:	
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Type of donation: (Circle one)	Cash	Check	Amount: 1430.75	Other
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Other gift description including purpose and restrictions on donation:	For Holiday Assist program (Angel Tree)
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Was anything of value received in exchange for donation?	Yes	No	<input checked="" type="checkbox"/>
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If yes, description and dollar value:	
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Donors Federal ID # (if applicable)	
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Paul Holien	12/3/25	Tracy Brown	12/3/25
Person accepting donation	Date	Principal	Date

*Tech Dept/Facilities	Date	*Superintendent	Date
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OLDHAM COUNTY HIGH SCHOOL
SCHOOL ACTIVITY FUND
MULTIPLE RECEIPT FORM

SCHOOL	OCHS
ACTIVITY FUND	OCHS

RECEIPT NO.	
FUNDRAISER	Colonel Care Center
TEACHER	Donation

#	Student Signature	Cash Amount	Check Amount	Check #	#	Student Signature	Cash Amount	Check Amount	Check #
1.	OC Athletic Boosters		\$1,497.53	1002	16.				
2.	(Holiday Assistance Program - 1st Round Donation)				17.				
3.					18.				
4.	OC Athletic Boosters		\$1,430.75	1003	19.				
5.	(Holiday Assistance Program - 2nd Round Donation)				20.				
6.					21.				
7.					22.				
8.					23.				
9.					24.				
10.					25.				
11.					26.				
12.					27.				
13.					28.				
14.					29.				
15.					30.				

Total Cash (Bills)	
Total Cash (Coins)	
Total Checks	\$2,928.28
GRAND TOTAL	\$2,928.28

Students in third grade and above must sign form as they turn in money. The form and collected money must be given to the school treasurer daily. The school treasurer will complete the Recapitulation section and issue a receipt.

Recapitulation: # of Students Total Amount Remitted

Person Remitting Money (Activity Sponsor)

12-1-25

Date

Sonya Lusk
School Treasurer/Bookkeeper

12/3/25
Date

White copy to School Treasurer

Yellow Copy for Teacher/Sponsor

**SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM**

School:	Goshen Elem.	RECEIPT #	4470
School Address:	12518 Ridgemoor Dr	Fiscal Year Ending:	FY2026
Prospect, KY 40059			

Date of gift:	10/14/25	School Federal ID #	61-6001306
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Donor Name: Goshen PTO

Donor Address:	<input type="text" value="street address"/> <input type="text" value="street address (continued)"/>		
	Prospect	KY	40059
city	state	zip code	

Donor Phone Number:

Type of donation: (Circle one) Cash Check Amount: **\$26,000** Other

Other gift description including purpose and restrictions on donation: To be used to help pay for new furniture in 4th grade classrooms

Was anything of value received in exchange for donation? Yes No

If yes, description and dollar value:

Donors Federal ID # (if applicable)

D. D. D.
Person accepting donation

129125

Date

Vicki Byrnes
Principal

12/9/25
Date

***Tech Dept/Facilities**

Date

*Superint.

Date

*Per Redbook (page

for all e

ed at \$250 or more

*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more

*Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level

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***OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.**

**SCHOOL ACTIVITY FUND
MULTIPLE RECEIPT FORM**

School	Goshen Elementary School		
Activity Account (Circle One)	Fund 21 Background Checks		
Purpose (Circle One)	Fees	Background Checks	

Receipt Number	4470											
Teacher/Sponsor	Office											
Grade (Circle one) K-5	6	7	8	9	10	11	12	Multiple				

Signature or Printed Name	Cash Amount	Check Amount	Check #
Goshen PTO Furniture donation	26,000	1399	
SF TF JR CD BC			
SF TF JR CD BC			
SF TF JR CD BC			
SF TF JR CD BC			
SF TF JR CD BC			
SF TF JR CD BC			
SF TF JR CD BC			
SF TF JR CD BC			
SF TF JR CD BC			

Signature or Printed Name	Cash Amount	Check Amount	Check #
SF TF JR CD BC			
SF TF JR CD BC			
SF TF JR CD BC			
SF TF JR CD BC			
SF TF JR CD BC			
SF TF JR CD BC			
SF TF JR CD BC			
SF TF JR CD BC			

Student Fees:

Tech Fees:

Instructional Resource Fees:

Counselor Donation:

Background Checks:

*Printed names acceptable for any student unable to sign.

*K-5th grade: Teacher/Sponsor may print names.

*The form and collected money must be given to the school treasurer daily.

Total Cash	26,000.00
Total Checks	26,000.00
Total	26,000.00

Almaich Aletzai
Person Remitting Money (Activity Sponsor)

12/9/25
Date

Recapitulation Section: Office Use Only			
*The school treasurer will complete the Recapitulation Section and issue a receipt.			
<i>DR</i> School Treasurer (Bookkeeper)	<i>12/9/25</i> Date	Total Amount Remitted:	<i>26,000</i>

*If a deposit is collected after school business hours, please place in the school safe for processing the following business day.

White copy: School Treasurer

Yellow copy: for Teacher or Sponsor