

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

FUND RAISING FORM
Simpson County Schools



RECEIVED
8.10.26 PM

School: FSMS

Activity Fund: Coffee Cart 116

Sponsor: Mike Randolph

Date Submitted: 8-5-26

What grade range will be involved in this activity? 6-8

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: Students make beverages to take to teachers & staff to collect donations that allow students experience social skills trips out into the community

Beneficiary of fund raising activity: MSD Students

Place of Activity: FSMS

Date(s) of Activity: 09-01-26 Time(s) of Activity: 5-30-27

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

Lindsay Baker, Lydea Cummins, Mike Randolph

Principal

Date

SBDM Council (if Council Policy)

Date

Superintendent

Date

Board Approval Date _____ Not Approved