

PARENT ACTIVITY FUND REQUEST

Date Submitted _____ Date Reviewed _____

of children in classroom _____

Classroom Teacher Name _____

Classroom Chairperson _____

Assistant Chairperson _____

Detailed Description of Activity or Event Planned:

Date _____

Costs _____

Materials _____

Persons _____

involved _____

Other _____

Amount Requested \$ _____

Policy Council Approval Date _____ Effective Date _____

Director's Signature

Policy Council Chairperson's Signature