

DEARBORN HEIGHTS SCHOOL DISTRICT #7

STUDENT ACTIVITY ACCOUNT BALANCE DESIGNATION

Group Name _____

Group Officers _____

Staff Sponsor(s) _____

Current Account Balance \$ _____

Expected Payments Remaining \$ _____

Expected Final Balance \$ _____

Designation of Funds: Use the following lines to designate what you would like to happen with the balance. Funds can be donated to another class/group, donated to any District 7 school for the purchase of equipment or materials, given as a scholarship to be awarded to a student, or another district related donation. Please be detailed in your request. This request must be approved by the Superintendent no later than June 30th.

Request: Approved _____ Denied _____

Superintendent of Schools

Date