Richmond Community Schools
Student Fundraising Activity

This form is to be completed and submitted to the principal for approval by principal and superintendent of schools prior to commencing any student fundraising activity.

Name of Group: ____________________________________________________________

Advisor (or Representative): ________________________________________________

Name of the fundraiser: _____________________________________________________

Amount of money to be raised: ____________________________________________

Per student quota: _________________________________________________________

Means of fundraising (e.g. cash contributions, pledge, sale of product or services, etc)

What students and/or others will be doing to raise the money:

Geographic area in which the fundraising will take place:

Dates and time requirements:
  Total activity: ____________________________________________________________
  Per student: _____________________________________________________________

How will students be supervised:

Person managing the funds: ________________________________________________

Time and place of deposit of funds: ________________________________

DESCRIBE ON THE REVERSE SIDE THE PROJECTS FOR WHICH THE MONEY WILL BE SPENT AND THE ESTIMATED COST OF EACH PROJECT.

APPROVED ___________________________ DATE ___________________________

_________________________________________ ___________________________
Principal’s Signature

_________________________________________ ___________________________
Superintendents Signature
Richmond Community Schools
Fundraising Evaluation Form

Name of the organization: ________________________________________________

Name of the Fundraiser: _______________________________________________

Anticipated Receipts: _______________  Actual Receipts: _______________

Profit: __________________________

Brief description of method used to raise funds that were different than planned.

Comments reflecting positive or negative experience.

Suggestions for improving project.

__________________________________________  ________________________
Signature of Project Advisor or Responsible Party  Date
Per Board Policy 5830

Richmond Community Schools
Parent Permission For Student Participation in Fundraising

The fundraising project described below has been approved with the condition that your child may not participate without parental permission. Please sign and return to your child’s school office.

PARENT INFORMATION

A. Organization or group holding activity: ________________________________
   ________________________________

B. Advisor or representative: ________________________________

C. Fundraising activity

   1. Purpose: ________________________________
   
   2. Student activity: ________________________________
   
   3. Dates and times of participation
      Dates: ________________________________
      Hours: ________________________________

D. The profits from this activity will be used for: ________________________________
   
   ________________________________
   
   ________________________________

I ______ do ______ do not give permission for ___________________ Student’s name
To take part in the fundraiser described above. I understand that ___________________

_____________________________  _____________________
Parent’s signature                             Date

_____________________________
Teacher                                      Grade