

PTO/Booster Application (new)



This is the application for new organizations wishing to initiate support of the activity or program identified below. Please complete the fields on this form and submit to the applicable district administrator for approval. A budget for the organization's first fiscal year of operation should accompany this form for review and approval by the district administrator.

School: _____ **Date:** _____

Name of Organization: _____

Activity/Program (in support of): _____

Mailing Address: _____

Name of Primary Contact: _____ **Phone:** _____

Email: _____

Website/Social Media _____

Describe the Organization's mission and operations (attach separate document if necessary):

Assets owned by the organization (i.e. cash in bank, equipment):

Asset: _____ Value: _____

Asset: _____ Value: _____

If you have additional asset categories owned by the organization, please attach a second copy of this form with the additional assets owned.

Board of Directors:

Name: _____ Title: President (required)

Name: _____ Title: Treasurer (required)

Name: _____ Title: Secretary (required)

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

If you have more than six members serving on the Board, please attach a second copy of this form with the additional members.

FOREST HILLS PUBLIC SCHOOLS PTO & BOOSTER COUNCIL

Organization Agreement:

By initialing each statement, I agree that I have read and understand the policies and procedures that encompass the operation of a district support organization under the umbrella of the Forest Hills Public Schools PTO & Booster Council. I understand that deviation from the written policies and procedures may result in cessation of the organization from the Forest Hills Public Schools PTO & Booster Council umbrella.

_____ I have read, understand, and agree to the policies and procedures outlined in the district’s PTO & Booster Group Manual.

_____ I agree to collaborate with district administration in the forming of a budget in accordance with district identified needs and initiatives.

Group President: _____ **Date:** _____

Signature: _____

District Administrator: _____ **Date:** _____

Signature: _____

Administrator approval assumes the following:

- 1. Organization goals and objectives have been developed collaboratively.*
- 2. The budget has been developed collaboratively, reviewed, and approved.*

Please return completed form to:

Forest Hills Public Schools
Attn: Katelyn Scott
kscott@fhps.net

For more information, please contact the Business Office at (616) 493-8804.