WEST CHESTER AREA SCHOOL DISTRICT
APPLICATION TO TERMINATE ACCOUNT

Submit 3 copies to the Director of Secondary Education for submission to the Board.

Date: 6-1-26

Check appropriate box:

☒ Student Activity Account (Fund 50)

☐ Trust Account (Fund 51)

Building: HHS

Account Number: 50-000-221 004-221

Name of Account: Kids Against Childhood Cancer

Ending Account Balance: ~~$580.29~~ $0.00

Disposition of Remaining Funds: donated funds to Children's Hospital of Philadelphia (PO # 2600547 6)

Evan Kratz
Student Officer's Signature

Evan Kratz
Student Officer's Name Printed

Faculty Advisor's Signature

Kelly Rowe Wlodarczyk
Faculty Advisor's Name Printed

Principal's Signature

Signature of Director of Secondary Education

BOARD OF EDUCATION ACTION

This request was ☐ APPROVED

☐ DISAPPROVED

by the Board of Education at their meeting held on : _____
Meeting Date

Reason for disapproval or qualifications of approval, if applicable, were as follows:

Board Secretary's Signature

Date

1 copy Director of Secondary Education, 1 copy returned to Principal, 1 copy to Business Office

Form B – Application to Terminate Account

WEST CHESTER AREA SCHOOL DISTRICT
Application to Terminate Account

Submit 3 copies of this form to the Assistant Superintendent or Director of Elementary Education for submission to the Board.

Date: 6/9/26

Check appropriate box:
- [x] Student Activity Account (Fund 50)
- [ ] Trust Account (Fund 51)

School: Rustin

Name of Account: Class of 2026

Account Number: 50-000-223-015-223

Ending Account Balance: $ 4138.81

Disposition of remaining funds: to Athletics 9-3200-000-20-305-223-610

Justin
Student Officer's Signature

Justin King
Student Officer's Name Printed

Elizabeth McVeigh
Faculty Sponsor's Signature

Elizabeth McVeigh
Faculty Sponsor's Name Printed

Principal's Signature

Signature of Asst. Superintendent/ Dir. of El. Ed.

BOARD ACTION

This request was: [ ] APPROVED
[ ] DISAPPROVED

by the West Chester Area School Board at their meeting held on: _____
meeting date

Reason(s) for disapproval or qualifications of approval, if applicable, were as follows:

Board Secretary's Signature

Date

1 copy to Assistant Superintendent/Director of Elementary Education, 1 copy to Business Office, 1 copy to Principal

Form C – Depletion of Senior Class Funds

WEST CHESTER AREA SCHOOL DISTRICT
Depletion of Senior Class Funds

Submit 3 copies to the Assistant Superintendent
with Application to Terminate Account for submission to the Board.

Date: 6/9/26

Building: Rustin

We, the Class of 2026 (year) choose option # [please check your choice below], and want the remaining funds in the class treasury depleted in the following manner upon graduation. This form will be used as the documentation on file at the building noting the class purchase.

☑ 1.* The remaining money will be used to purchase a class gift or to make a donation.

We, the Class of 26 (year) want the following to be purchased/donated:

items for new turf + Bocce Court

9-3200-000-20305-223610

OR

☐ 2. With the remaining money, the Principal and/or their committee will purchase a gift of their choosing or make an appropriate donation.

Class Officer's Signature

Justin King
Class Officer's Name Printed

Faculty Advisor's Signature

Elizabeth McVeigh
Faculty Advisor's Name Printed

Principal's Signature

Signature of Assistant Superintendent

*This method is preferred.