WEST CHESTER AREA SCHOOL DISTRICT
APPLICATION TO ESTABLISH ACCOUNT

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

Date: 10/14/26

Check appropriate box:

☑ Student Activity Account (Fund 50)

☐ Trust Account (Fund 51)

Building: Henderson

Name of Account: Honoring Legacies (ESMF)

State the purpose for which this account is intended:

To further the promotion and awareness of Kindness and Community in Memory of Ellen Salerno

List Source(s) of revenue:

Fundraisers

List types of expenses to be incurred:

to be determined

How long do you plan to keep this account active: indefinate

Aashritha Raghavendran — Student Officer's Signature

Aashritha Raghavendran — Student Officer's Name Printed

Cindy Jakubowski — Faculty Sponsor's Signature

Cindy Jakubowski — Faculty Sponsor'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

See Back

Form A – Application to Establish Account

This is to re-establish an account that was just closed.

WEST CHESTER AREA SCHOOL DISTRICT
Application to Establish Account

Note: All funds collected by student organizations shall be deposited in an activity fund in a bank designated by the Board. No school-sponsored student organization is permitted to establish an account separate from the WCASD activities fund.

Date: 10/20/2026

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

Building: HHS

Name of Account: Kids Against Cancer

State the purpose for which this account is intended: raise awareness and money for cancer research

List source(s) of revenue: bake sales, donations

List types of expenses to be incurred: donations

How long do you plan to keep this account active? 3 years

By signing below, you acknowledge that you have read Board Policies 618 and 618AG1 Student Activity Funds and will adhere to these policies.

Bryan Kratz
Student Officer's Signature

Bryan Kratz
Student Officer's Name Printed

Taegan Clifford
Faculty Sponsor's Signature

Taegan Clifford
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

Form A – Application to Establish Account

WEST CHESTER AREA SCHOOL DISTRICT
Application to Establish Account

Note: All funds collected by student organizations shall be deposited in an activity fund in a bank designated by the Board. No school-sponsored student organization is permitted to establish an account separate from the WCASD activities fund.

Date: 11-6-26

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

Building: Henderson High School

Name of Account: HHS Mini-Thon

State the purpose for which this account is intended: To handle and store both donations and event funds.

List source(s) of revenue: Fundraisers

List types of expenses to be incurred: Entertainment Fees

How long do you plan to keep this account active? Indefinitely

By signing below, you acknowledge that you have read Board Policies 618 and 618AG1 Student Activity Funds and will adhere to these policies.

Student Officer's Signature

Lily Prosser
Student Officer's Name Printed

Faculty Sponsor's Signature

Kathleen Clunc
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