



Redwood Area School District #2897

100 George Ramseth Drive
Redwood Falls, MN 56283
Phone (507) 644-3531 Fax (507) 644-3057

FORM 1

ACTIVITY PURPOSE FORM STUDENT ACTIVITY ACCOUNT

Date: _____ Name of Activity Account: _____

Purpose of Activity Account: _____

Age, grade & interest of students served: _____

I, _____ received a copy of the ISD #2897 – Redwood Area Schools Student
(Advisor Name)
Activity Accounts Manual and acknowledge my responsibilities for assuring proper procedures are followed. I also acknowledge that I will be held accountable for any deficit balance that may occur in the above named activity account.

Advisor Name (printed)

Advisor Signature

Date of Submission

Principal/Activity Director (printed)

Principal/Activity Director Signature

Date of Submission

Upon termination of the above named activity, any unobligated funds that remain in the account will be disposed of in the following manner: _____



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FORM 2

LIST OF OFFICERS STUDENT ACTIVITY ACCOUNT

Date: _____ Name of Activity Account: _____

Advisor: _____

| Title | Printed Name | Signature | Grade |
|----------------|--------------|-----------|-------|
| President | _____ | _____ | _____ |
| Vice-President | _____ | _____ | _____ |
| Treasurer | _____ | _____ | _____ |
| Secretary | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |



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FORM 3

MEETING MINUTES STUDENT ACTIVITY ACCOUNT

Date: _____ Name of Activity Account: _____

Advisor Present: _____

Members
Present:

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Members
Absent:

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Revenue (Monetary Gifts, Deposit Receipts)

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Expenditures (Requisitions, Invoices)

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Other Items Discussed and/or voted on

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Minutes approved by: _____ and _____
(Advisor) (Student Representative)



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LIST OF ANTICIPATED FUNDRAISERS FOR BOARD REVIEW STUDENT ACTIVITY ACCOUNT

Fundraisers MUST be approved prior to event

Date: _____ Name of Activity Account: _____

| Description of Fundraiser | Approximate date | Purpose |
|---------------------------|------------------|---------|
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Presented at Board meeting held on: _____



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STUDENT ACTIVITY ACCOUNT FUNDS TRANSFER FORM

Date: _____

Transfer Amount: \$ _____

Transfer funds from: _____ to: _____

Reason for transfer of funds:

Check one only:

- ☐ A permanent transfer will be made between the two activity accounts identified above.
- ☐ The transfer will be paid back to the activity account that granted funds within 3 months of the date above.

Student Officer (from) Signature: _____

Date: _____

Advisor (from) Signature: _____

Date: _____

Student Officer (to) Signature: _____

Date: _____

Advisor (to) Signature: _____

Date: _____

Principle/Activities Director Signature: _____

Date: _____