

Davis Joint Unified School District
SCHOOL-CONNECTED ORGANIZATION AUTHORIZATION FORM

Organization Name: Davis Advanced Treble Choir Inc.
 Name of the School(s): Davis High School

As parents, guardians, and/or community members within the Davis Joint Unified School District, we hereby request:

approval for formation as a school-connected organization
 annual renewal of authorization as a school-connected organization

Tax ID #: 11-3843015 Is your organization a 501(c)(3)? Yes
 Name of bank where the organization's account will be located Bank of America

Please attach a copy of the bylaws under which the organization operates.

Purposes of the organization are (specifically, what program or student groups will be supported): SUPPORT THE
Davis Advanced Treble Choir

Note: School-connected organizations are organized and operate independent of DJUSD. Accordingly, DJUSD is not responsible for and assumes no liability for the programs, fundraising or other activities of any school-connected organization. Announcements of events and related parent/guardian permission slips shall clearly indicate that the activity or event is sponsored by the school-connected and not by the school or district.

We have read applicable DJUSD Board policies and administrative regulations for forming and conducting this organization and agree to abide by them. Specifically, we agree:

- our fundraising activities shall not conflict with law, Board policies, administrative regulations, or any rules of the sponsoring school;
- our organization will not discriminate in making grants to students on the basis of their family's membership in or funding to the organization, or the family's fundraising or time put into organization sponsored activities;
- to maintain a record of funds collected and expended; and
- to grant the district the right to audit the organization's financial records when the activities of the organization appear to conflict with law, Board policy, administrative regulations or rules of the school. If an audit is requested for a state chartered PTA, the district shall work with the State PTA.

Jeff Weithercutt [Signature] 09-17-15
 President's name - printed Signature Date

 E-mail address - printed Telephone number

Lisa Catanyag _____
 Vice president's name - printed Signature (not required) Date

 E-mail address - printed Telephone number

Kelly Gomez [Signature] _____
 Treasurer's name - printed Signature Date

 E-mail address - printed Telephone number

Karen Gardias [Signature] _____
 Coach or lead teacher name (if applicable) - printed Signature Date

 E-mail address - printed Telephone number

I support this request for authorization. [Signature] 9/28/15
 Principal's signature Date

Date Approved by the Board of Education _____