

**Davis Joint Unified School District**  
**SCHOOL-CONNECTED ORGANIZATION AUTHORIZATION FORM**

Organization Name: Spanish Immersion Parents and Teachers (SIPAT)  
 Name of the School(s): César Chávez Elementary 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 #: 94-6174747 Is your organization a 501(c)(3)? yes  
 Name of bank where the organization's account will be located Chase Bank

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):  
SIPAT supports all students and programs at CCE.

**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.

Jenna Makus Jenna Makus 10/8/15  
 President's name - printed Signature Date

jmakus@gmail.com (530) 574-0850  
 E-mail address - printed Telephone number

Leanne Villa WJVA 10-8-15  
 Vice president's name - printed Signature (not required) Date

[REDACTED] LEANNE J. VILLA@GMAIL.COM (916) 475-8593  
 E-mail address - printed Telephone number

Erin Schlemmer [Signature] 10/8/15  
 Treasurer's name - printed Signature Date

eschlemmer@gmail.com [Signature] 530-767-5490  
 E-mail address - printed Telephone number

Gigi Bugsch [Signature] 10-9-15  
 Coach of lead teacher name (if applicable) - printed Signature Date

gbugsch@djuds.net [Signature] 530 204 8624  
 E-mail address - printed Telephone number

I support this request for authorization. [Signature] 10/8/15  
 Principal's signature Date

Date Approved by the Board of Education \_\_\_\_\_