

Davis Joint Unified School District SCHOOL-CONNECTED ORGANIZATION AUTHORIZATION FORM

Organization Name: Harper PTO
 Name of the School(s): Harper Jr. 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 #: 20-1040120 Is your organization a 501(c)(3)? Yes
 Name of bank where the organization's account will be located Chase in Davis

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 parents and teachers of Harper Jr. High School by funding some programs, field trips and grants for teachers

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.

<u>Evelyn Hahn</u>	<u>Evelyn Hahn</u>	<u>10/13/15</u>
President's name - printed	Signature	Date
<u>evelynhahn1017@gmail.com</u>		<u>530.220.2193</u>
E-mail address - printed		Telephone number
<u>Annemarie Zurborg</u>	<u>Annemarie Zurborg</u>	<u>10/13/15</u>
Vice president's name - printed	Signature (not required)	Date
<u>annemariezurborg@gmail.com</u>		<u>530.400.8519</u>
E-mail address - printed		Telephone number
<u>Kimberly Robben</u>	<u>Kimberly Robben</u>	<u>10/13/15</u>
Treasurer's name - printed	Signature	Date
<u>robbenfamily@sbcglobal.net</u>		<u>(707) 975.7006</u>
E-mail address - printed		Telephone number

Coach or lead teacher name (if applicable) - printed _____ Signature _____ Date _____
 E-mail address - printed _____ Telephone number _____

I support this request for authorization. Kevin Kelleher 10-13-15
 Principal's signature _____ Date _____

Date Approved by the Board of Education _____