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

Organization Name: Birch Lane PTA

Name of the School(s): Birch Lane Elementary

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 #: 23-7400575 Is your organization a 501(c)(3)? Yes

Name of bank where the organization's account will be located Yolo Federal Credit Union

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): PTA

**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.

Ted Sheridan — President's name – printed — Signature — 11/18/2015 Date

E-mail address – printed — Telephone number

Liz Sheridan — Vice president's name – printed — Signature (not required) — 11/15/15 Date

E-mail address – printed — Telephone number

Stacy Clark — Treasurer's name – printed — Signature — 11-4-15 Date

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. — Principal's signature — 11-4-15 Date

Date Approved by the Board of Education _____