



Hayfield Community Schools

9 Sixth Avenue SE, Hayfield, MN 55940

<http://www.hayfield.k12.mn.us>



Mission: *To provide a safe learning environment that prepares, challenges, and inspires students for life*

FUND 30 STUDENT ACTIVITY STATEMENT OF PURPOSE FORM

Date _____ Name of Student Activity _____

Purpose of Student Activity _____

Age, Grade, and Interest of Students Served _____

I, _____ (advisor) received a copy of Hayfield Community Schools ISD 203 Student Activity Fund Manual and acknowledge my responsibilities for assuring proper procedures are followed. I also acknowledge that I will be held personally accountable for any deficit balance that may occur in the above name Fund 30 Student Activity Account.

Advisor's Name (printed) Advisor's Signature Date

Building Principal's Name (printed) Principal's Signature Date

Upon termination of the above named activity, any unobligated funds that remain in the account will be disposed of in the following manner. Class Accounts will be disbursed to Student Council.

Advisor's Name (printed) Advisor's Signature Date

Activity Student Representative (printed) Activity Student Representative Signature Date

Student Officer (printed) Student Officer Signature Grade

Student Officer (printed) Student Officer Signature Grade

Student Officer (printed) Student Officer Signature Grade

Form must be completed and submitted to the Business Office by October 1 of each year.

Home of Viking Pride!