



## ADDITIONAL FUNDRAISING APPROVAL School Generated Funds

### ACCESSIBILITY:

To request this file in large print, please email [aoda@wcdsb.ca](mailto:aoda@wcdsb.ca) or call (519) 578-3660.

Complete this form to request additional, **major** fundraising activities beyond those approved through the Proposed Fees and Fundraising Plan (APB004-04F).

### To be Completed by Principal

School: \_\_\_\_\_  
Year: \_\_\_\_\_  
Principal: \_\_\_\_\_  
Date: \_\_\_\_\_

#### Proposed Fundraising Activity

Name of Contact Person: \_\_\_\_\_

Charitable Fundraising?      No      Yes      Name of Charity: \_\_\_\_\_

Date(s) of Fundraising: \_\_\_\_\_

Type of Fundraising: \_\_\_\_\_

Fundraising Participants:      School      Athletics      Grade      Community      Other: \_\_\_\_\_

Method of Fundraising:      In-School      Pledges      Order Forms      Online      Other: \_\_\_\_\_

Reason for Fundraising: \_\_\_\_\_

Estimated Goal: \_\_\_\_\_

Previous **Major** Fundraisers: \_\_\_\_\_

Principal (or Designate) Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be Completed by Superintendent

Superintendent Approval

Approved      Denied      Reason: \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Disclaimer

Information on this form is collected pursuant to the board's responsibilities set out in the Education Act and protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used to administer the School Generated Funds and Fundraising programs. Questions regarding the collection of this information should be directed to the Executive Assistant – Corporate Services.

To be Completed by: School Principal and Family of Schools' Superintendent

Description of Use: Original: Current-Year School Generated Fund Records; Copy: Internal Audit Officer; (Retain: Current + 6 Years)