

V.

FINANCIAL INFORMATION

Name of Bank		Account Number	
Address of Bank		Authorized Signers	
Tax ID # (EIN)		not listed on Section II	

VI.

REQUIRED DOCUMENT (Attach copies)

- | | |
|--|---|
| <input type="checkbox"/> 1. Organization Constitution/Bylaws | <input type="checkbox"/> 5. Bank Statements June - May |
| <input type="checkbox"/> 2. Most Recently Filed Tax Returns Federal & State | <input type="checkbox"/> 6. Treasurer's Report for School Year |
| <input type="checkbox"/> 3. Certificate of Insurance | <input type="checkbox"/> 7. Associated with Booster USA (CHECK BOX IF YES, LEAVE BLANK IF NO) |
| <input type="checkbox"/> 4. Manual Acknowledgement Form Signed by Each Officer | |

*Booster/Parent Club is responsible for their own tax status and accounting.
 *The ability of Booster/Parent clubs to solicit students to help in their activities is limited by Ed. Code Section 51520.
 *All disbursements from Booster/Parent Club funds must be done by check and signed by two (2) officers. **NO SCHOOL PERSONNEL MAY SIGN CHECKS.**
 *All Booster/Parent Clubs automatically grant to the District the right to audit their financial records at any time either by District personnel or by a CPA.
 *Any programs, fund raisers or other activities planned by Booster/Parent Clubs shall only be permitted if properly scheduled and calendared according to the rules of the sponsoring school.
 *Booster club will carry a liability insurance in the amount equal to or exceeding the minimum determined by the District (**\$1 million per occurrence and 2 million in the aggregate for bodily injury and property damage**).
 *Any authorizations granted under this regulation will be valid for one year from the date of such action. All requests to continue existence will require a reapplication and renewal of authorization by District.

President Signature: _____ **Date:** _____

Secretary Signature: _____ **Date:** _____

Principal Signature: _____ **Date:** _____

Submit School Connected Organization application (including attachments) to Fiscal Services, Attn: Leane Melo, melol@bcisd.com

FISCAL USE ONLY: FINAL APPROVAL AUTHORIZATION FOR NEXT SCHOOL YEAR

Authorizations are granted per school year. You must resubmit your documents annually to continue to operate as a School Connected Organization. This certifies you have satisfied all sections of the Bakersfield City School District Annual Requirements for School Connected Organization.

District Administrator Approval: _____ **Date:** _____

Authorized Date: From _____ To _____

FISCAL USE ONLY: DENIED APPLICATION FOR NEXT SCHOOL YEAR

Based upon the information submitted on this application the Bakersfield City School District hereby denies the Application for School Connected Organization.

Signature of District Administrator: _____ **Date:** _____

Rationale: _____

A School Connected Organization reserves the right to re-apply once the basis for denial has been remedied.