



PARENT FACULTY ASSOCIATION APPLICATION FORM

SCHOOL-CONNECTED ORGANIZATIONS

APPLICATION DATE: _____ SCHOOL YEAR: _____ ☐ NEW ☐ RENEWAL

SCHOOL-CONNECTED ORGANIZATION NAME: _____

OFFICIAL ADDRESS: _____

EMAIL: _____

SCHOOL-CONNECTED ORGANIZATION OFFICERS

POSITION	NAME	EMAIL	PHONE NUMBER
PRESIDENT			
VICE-PRESIDENT			
TREASURER			
SECRETARY			

ORGANIZATION PURPOSE & ANNUAL OBJECTIVES

Purpose:	
Objectives:	

BANKING AND TAX INFORMATION

BANKING INSTITUTION: _____

BANK ADDRESS: _____

Is the Organization a 501(c)(3) tax exempt: ☐ YES ☐ NO TAX ID: _____

If you've changed Officers has your Bank Account been updated: ☐ YES ☐ NO ☐ NA

NAME OF SIGNERS

ORGANIZATION CHECKLIST

<input type="checkbox"/> Budget	<input type="checkbox"/> Annual Financial Report
<input type="checkbox"/> Constitution	<input type="checkbox"/> Bank Statement – Prior Years
<input type="checkbox"/> Bylaws	<input type="checkbox"/> Statement of Intent to Spend funds
<input type="checkbox"/> Liability Insurance	<input type="checkbox"/> Fundraising Activity Request Form
<input type="checkbox"/> Tax Exemption Documentation	<input type="checkbox"/>

JEFFERSON ELEMENTARY SCHOOL DISTRICT

☐ SITE APPROVED

☐ DISTRICT APPROVED

Site Administrator Signature

District Office Administrator Signature

Date

Date

☐ Board Approval at Board Meeting Date: _____ Board Item: _____



PARENT FACULTY ASSOCIATION APPLICATION FORM

SCHOOL-CONNECTED ORGANIZATIONS

BUDGET DEVELOPMENT

SCHOOL SITE: _____

SCHOOL YEAR _____

FISCAL YEAR: _____

☐

BUDGET ADOPTION

☐

REVISED

PART I: REVENUES

ACCOUNT #	DESCRIPTION	PRIOR YEAR BUDGETED	CURRENT YEAR ESTIMATED REVENUE
	TOTAL		

PART II: EXPENSES

ACCOUNT #	DESCRIPTION	PRIOR YEAR BUDGETED	CURRENT YEAR ESTIMATED EXPENSE
	TOTAL		

PART III: BUDGET APPROVAL

The organization grants the District the right to audit the group's financial records, either by district personnel or a certified public accountant, whenever any concern is raised regarding the use of funds.

SUBMITTED AND APPROVED BY:

President Signature

Print Name

Date

Treasurer Signature

Print Name

Date

SCHOOL SITE USE ONLY

APPROVED BY:

Principal Signature

Print Name

Date

DISTRICT USE ONLY

RECEIVED BY:

Business Office Signature

Print Name

Date



PARENT FACULTY ASSOCIATION REAUTHORIZATION FORM

SCHOOL-CONNECTED ORGANIZATIONS

DISTRICT USE ONLY

SCHOOL SITE:

SCHOOL YEAR

PFA REAUTHORIZATION

1. The names, addresses, and phone numbers of all officers.

☐ Provided to Jefferson Elementary School District

2. The name of the bank where the organization's account will be located and the names of those authorized to withdraw funds.

☐ Provided to Jefferson Elementary School District

3. Planned use for any money remaining at the end of the year if the organization is not continued or authorized to continue in the future.

☐ Provided to Jefferson Elementary School District

4. Evidence of liability and/or directors' and officers' insurance when and in the manner required by law.

☐ Provided to Jefferson Elementary School District

5. A financial statement showing all income and expenditures from fundraisers

☐ Provided to Jefferson Elementary School District