North Adams Public Schools
Student Fundraising and Donation Drive Permission Request Form

Sponsoring Teacher/Advisor: __________________

Position/Role of Sponsor: __________________ Date of Request: __________________

Describe the activities that will be done to raise money or goods. Please specify who will do each activity:

_____________________________________________________________________

Is the fundraiser associated with a class or school group? ☐ Yes ☐ No  Who? __________

Has the fundraiser been approved as a Service-Learning Project*? ☐ Yes ☐ No
(*The S-L Mini-Grant Application or S-L Project Permission Form must be submitted to the S-L Coordinator)

What is being raised? ☐ Money ☐ Goods (describe) _______________________________

Who will be the beneficiary of the funds or goods? ______________________________

Who will be doing the fundraising or donation drive? ☐ Faculty/Staff ☐ Students ☐ Parents ☐ Other _____

From whom are money or goods sought? ☐ Faculty/Staff ☐ Students ☐ Parents ☐ Other _____

Who will be responsible for collecting funds or goods, storing, and maintaining documentation?

_____________________________________________________________________

If raising funds, where will funds be deposited? ________________________________

Is the fund-raiser a memorial? ☐ Yes ☐ No
(If yes, the proposal must be consistent with crisis management protocol)

How will the fund-raiser be promoted? ☐ school posters ☐ school announcements ☐ community posters ☐ social media (specify) ________________
*Note- the use of school email to solicit donations is not allowed. Any direct solicitation of employees or students must be approved by school committee.

Start Date: __________________  End Date: __________________

As the sponsor of this fund-raiser,
• I agree to conduct this fund-raiser in compliance with district policies.
• I understand that I am personally responsible for all funds collected and for keeping accurate records.
• I will exercise strict control over all products in my possession.

Sponsor Signature: ______________________________

Principal __________________ Date __________  Approved ☐  Denied ☐

S-L Coordinator, __________________ Date: __________
(if Service-Learning)

Superintendent __________________ Date: __________

School Committee __________________ Date: __________
(if deemed necessary per SC policy by superintendent)

AFTER REVIEW, RETURN SIGNED COPIES TO 1. Sponsor 2. School Office for entry into fund-raising calendar/log