Davis Joint Unified School District
SCHOOL-CONNECTED ORGANIZATION AUTHORIZATION FORM

Organization Name: _____

Name of the School(s):_____

As parents, guardians, and/or community members within the Davis Joint Unified School District, we hereby request:

- ☐ approval for formation as a school-connected organization
- ☐ annual renewal of authorization as a school-connected organization

Tax ID #: _____ Is your organization a 501(c)(3)? _____

Name of bank where the organization's account will be located _____

Please attach a copy of the bylaws under which the organization operates.

Purposes of the organization are (specifically, what program or student groups will be supported): _____

_____

Note: School-connected organizations are organized and operate independent of DJUSD. Accordingly, DJUSD is not responsible for and assumes no liability for the programs, fundraising or other activities of any school-connected organization. Announcements of events and related parent/guardian permission slips shall clearly indicate that the activity or event is sponsored by the school-connected and not by the school or district.

We have read applicable DJUSD Board policies and administrative regulations for forming and conducting this organization and agree to abide by them. Specifically, we agree:

- our fundraising activities shall not conflict with law, Board policies, administrative regulations, or any rules of the sponsoring school;
- our organization will not discriminate in making grants to students on the basis of their family's membership in or funding to the organization, or the family's fundraising or time put into organization sponsored activities;
- to maintain a record of funds collected and expended; and
- to grant the district the right to audit the organization's financial records when the activities of the organization appear to conflict with law, Board policy, administrative regulations or rules of the school. If an audit is requested for a state chartered PTA, the district shall work with the State PTA.

_____

President's name – printed | Signature | Date

_____

E-mail address – printed | Telephone number

_____

Vice president's name – printed | Signature (not required) | Date

_____

E-mail address – printed | Telephone number

_____

Treasurer's name – printed | Signature | Date

_____

E-mail address – printed | Telephone number

_____

Coach or lead teacher name (if applicable) – printed | Signature | Date

_____

E-mail address – printed | Telephone number

I support this request for authorization. _____

Principal's signature | Date

Date Approved by the Board of Education _____