

**London Independent School District
Activity Account Set-Up
Request Form**

Which type of account are you requesting to be set up: Campus _____ Student _____

Name of Activity: _____ Fiscal Year _____

Purpose of Activity: _____

Age, Grade, & interest of students served: _____

I, _____ (sponsor name) acknowledge my responsibilities for assuring proper procedures are followed. I also acknowledge that I will be held accountable for any deficit balance that may occur in the above named activity account.

List of Student Officers (for Student Activity Accounts only)

President: _____
Printed Name Grade

Vice President: _____
Printed Name Grade

Treasurer: _____
Printed Name Grade

Secretary: _____
Printed Name Grade

Sponsor Name (printed) Sponsor Signature Date

Principal Name (printed) Principal Signature Date

Approved By _____
Dir of Finance Signature Date

Account # _____