



Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

PARENT ACTIVITY FUND REQUEST

School: _____ AM PM F/DAY WRAP
Teacher: _____ Phone: _____

Parent Activity Funds to be used for: _____

Date of Proposed Activity: _____ Anticipated Attendance: _____

Total Amount Requested: \$ _____

PLEASE NOTE: Funds MUST be requested at least one month in advance of activity.

Be sure to attach Parent Meeting Agenda, Minutes, and sign-in Sheets

Date parents voted on the approved activity: _____

Number of parents participating in vote: _____

Date Signature of Parent Representative

Date Signature of Teacher

Send to your Coordinator, Box 715, for review and approval.

Date Approved Not Approved _____
Signature of Coordinator