Section I: General Information
Name of School: ____________________________________________
Name of Organization: ________________________________________
This organization is a (circle one): A) Parent Teacher Organization (PTO) B) Booster Organization
This organization is operating (circle one): A) Under the books of the school B) Independent of school books
If operating under the school books, skip Section II

Section II: Mandatory Requirements for Organizations Working Independent of School Books
Employer Identification Number (EIN): ____________________________
Separate mailing address (not a school or personal address): _______ ________________________________
Name of person or company performing annual audits: ________________________________
Copy of organization’s 501c3 documentation
Copy of fidelity bond for the treasurer

Section III: General Responsibilities for all Organizations
Complete a School Fundraiser Request Form for all fund raising events
Follow all federal and state laws and Lowndes policies and procedures
Submit financial and bank statements to the principal on August 30, December 30, and May 30

Section IV: Organization’s Officers and Contact Information
President (Required): ________________________________ Phone Number: ________________
Vice President: ________________________________ Phone Number: ________________
Treasurer (Required): ________________________________ Phone Number: ________________
Secretary: ________________________________ Phone Number: ________________

Section V: Validation
I understand the reporting of false information may disqualify me from being associated with a Lowndes County Public School PTO or Booster Organization. I certify the above information is correct to the best of my knowledge.

Signature of President: ________________________________ Date ________________
Signature of Treasurer: ________________________________ Date ________________

Section VI: Approval
Signature of Principal ________________________________ Date ________________
Signature of Chief School Financial Officer ________________________________ Date ________________
Signature of Superintendent ________________________________ Date ________________

The form is not valid without all signatures.

Rev 10/17