

**Parent Teacher Organization (PTO) and Booster Club Registration Form
Lowndes County Public Schools**

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.