



GUAHAN ACADEMY CHARTER SCHOOL

CoreTech Buildings C, D, & E Mariner Ave Tiyan, Guam

P.O. Box CS, Hågatña, Guam 96932

◦ Website: www.guahanacademy.org ◦ Phone: 979-1065/66

APPROVAL SUMMARY SHEET STUDENT ACTIVITY REQUEST

IMPORTANT: This form must be submitted **two** weeks prior to the event date.

Name of Event		Activity Number	
Sponsoring Club/Organization		Date of Activity	
Location of Activity		Time of Activity	
Chairperson		Contact Info	
Advisor(s)		Contact Info	

The forms indicated below were created to address the majority of activities and fundraisers that occur at GACS. If your activity or fundraiser does not require the form, please disregard. Submit the required forms as needed. Activity Requests need to be submitted **two** weeks prior to the event.

- Form A Activity Request Planning Sheet
- Form B Parent Permission Form
- Form C Student/ Parent Selling Contract
- Form D Item/Food Sales Form
- Form E Memorandum of Understanding
- Form F Funds Accountability Form
- Attach other relevant forms, flyers, advertisements not associated in this packet list.

DEPOSITS TO BE MADE:

- Daily By: _____

We will abide by all rules & regulations by Guahan Academy Charter School and the Board of Trustees.

Treasurer Name & Signature:	Date:	Business Office Name & Signature:	Date:
Club/Organization President Name & Signature:	Date:	Administrator's Name & Signature: <input type="checkbox"/> Approved <input type="checkbox"/> Disapprove	Date:
Advisor Name & Signature:		Date:	

IMPORTANT: A copy of this form must be submitted to the finance office along with Forms E & F.

VISION STATEMENT

GACS Students will become respectful, responsible and resourceful.

MISSION STATEMENT

At Guahan Academy Charter School, our mission is to empower our students with proven educational practices and social support to be productive citizens in the community.



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ACTIVITY REQUEST PLANNING SHEET STUDENT ACTIVITY REQUEST FORM A

IMPORTANT: Activity Requests need to be submitted **two** weeks prior to the event.

Name of Event		Activity Number	
Sponsoring Club/Organization		Date of Activity	
Location of Activity		Time of Activity	
Chairperson		Contact Info	
Advisor(s)		Contact Info	

This club/organization agrees to abide by all Laws of Guam, the GACS Board of Trustees Procedures & Policies, and all GACS Rules & Regulations. These rules apply to any group for any activity that involves any GACS student at any time while they are representing the school.

All off-campus events must have written parental approval prior to the event (See GACS Field Trip Form). Forms are the responsibility of the advisor(s). Copy of parental consent forms/GACS Field Trip Forms must be attached to this request. An explanation of what the activity entails must be included in the parental consent/GACS Field Trip Forms to include beginning and end time for the activity.

Please complete the following questions. Additional pages may be attached.

What is the objective of this activity?
What is the fundraising goal of this activity, as well as the purpose for which the funds will be used?
When (date(s) & time(s))and where will meetings be held to plan and prepare for the proposed activity?
Describe what will transpire during this activity. Be as detailed as possible.

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If different from above, please list all the names of advisors that will be supervising this activity.

What materials will be required for this activity?

Below, list the tasks that will need to be completed, by whom, and when for this activity.

Task(s) to be Completed:	Responsible Person(s):	Expected Date of Completion:

Advisor's Name & Signature

Date

Principal/Assistant Principal's Name & Signature

Date

- Approved
- Disapproved

Concerns/Feedback from Principal/Assistant Principal:



School Wide Learner Outcome
GACS STUDENTS WILL BE:
 Goal Oriented Active Communicators Critical Thinkers who Strive for Lifelong Success



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PARENT PERMISSION FORM STUDENT ACTIVITY REQUEST FORM B

Date: _____

Dear Parent(s)/Guardian(s),

Your permission is requested for your son/daughter, _____, to participate in an activity sponsored by _____.

(sponsoring club/organization)

_____ on _____ from _____ to _____. The purpose of this activity is _____

Students who are participating in this activity will need their own transportation to and from the activity. Participants will be under the close supervision of their club advisor(s). It is important to understand that allowing students to participate in club activities imposes an unusually heavy responsibility on the school. Therefore, we ask for your full cooperation in preparing your child to be on his or her best behavior during the activity. Should you have any concerns regarding this activity or your child's participation in the activity, you may contact the advisor of the club/organization using the information provided below. We thank you for your continued support!

Advisor Contact Information

Advisor Name:	
Phone# & Email:	

 Advisor's Name & Signature Date

 Principal/Assistant Principal's Name & Signature Date

I give my permission for my child to participate in this activity. It is understood that my child will need to provide his/her own transportation to and from the activity.

 Parent Name & Signature Date

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STUDENT/PARENT SELLING CONTRACT TEMPLATE STUDENT ACTIVITY REQUEST FORM C

Date: _____

Dear Parent(s)/Guardian(s),

The (**Name of Organization**) will be having a (**fundraising event**) and the proceeds will go towards (**how the funds will be used**). Your permission is requested for your child to participate in this fundraising event which will be held on (**date/s**) at (**time if applicable**) at (**location if applicable**). To aid in the success of this event, your child is requested to sell (**the item and number of items**) at (**price**) each. Last date to submit orders/funds is on (**date/time**) to (**name of person who will receive order/funds**) in (**room #**).

In signing below, you will assist the (**organization**) in ensuring that your child submits all funds collected weekly. Parents and class members selling (**items**) are responsible to pay for any and all lost or stolen (**item**) to the (**organization**). Failure to submit all monies and (**items**) will result in (**indicate action**).

Should you have any concerns or questions regarding the contents of this letter, please feel free to contact the club/organization advisor with the contact information listed below.

Advisor's Name
 Email Address
 Contact Number

 Advisor's Signature

 Date

 Principal/Assistant Principal's Name & Signature

 Date

I give my permission for my child to participate in this fundraising event. I understand that my child and I will be responsible for paying for any and all lost items regarding this activity.

 Parent Name & Signature

 Date

 Parent Contact Information

 Student Name

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ITEM/FOOD SALE REQUEST FORM

STUDENT ACTIVITY REQUEST FORM D

IMPORTANT: This form must be submitted **two** weeks prior to the event date.

Sponsoring Club/Organization:	Date of Request:
Date of Activity:	Time of Activity:
Location:	Vendor (if applicable):
Type of Activity: Please check one <input type="checkbox"/> Dance <input type="checkbox"/> Snack Sale <input type="checkbox"/> Gram Sale <input type="checkbox"/> Car Wash <input type="checkbox"/> Catalog Sale <input type="checkbox"/> Movie Night <input type="checkbox"/> Talent Show <input type="checkbox"/> Lunch Plates <input type="checkbox"/> Other: _____	Is there a charge for this activity? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, how much? _____
Purpose for which the funds raised are to be used:	

Sponsors/Advisors that will be present during this activity:

Name:	Signature:

List of non-food items to be sold:

Description:	Quantity:	Cost per item:

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Total Expected Deposit:		

IMPORTANT: *Food items prepared that are not pre-packaged require the person preparing such items to have a food handler's license. All pre-packed food items must have a tag which identifies the person(s) who prepared the item, vendor license number and date in which the item(s) was prepared.*

List of food/drink items to be sold:

Description:	Quantity:	Cost per item:	Disposition/Comments (for official use only)
Total Expected Deposit:			

The following individuals are associated with this organization and have their health certificates and will assist in food sales for this event.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Requested By:

 President's Name & Signature

 Date

 Advisor's Name & Signature

 Date

- Approved**
- Disapproved**

 Principal/Assistant Principal's Name & Signature

 Date



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MEMORANDUM OF UNDERSTANDING STUDENT ACTIVITY REQUEST FORM E

Each student club or activity must have a sponsor approved by the Principal/Assistant Principal, who will be responsible for the following:

1. Training and supervising students in the conduct of their activities.
2. Training in food handling and only selling principal/assistant principal-approved items.
3. Ensuring all monies and records related to the activities are properly controlled, receipted, and deposited.
4. Preparation of any required financial reports.
5. Submission of all club documents at the end of the school year.

I/We, _____ hereby acknowledge that I/we am/are responsible for the above duties.

 Advisor's Name & Signature

 Date

 Principal/Assistant Principal's Name & Signature

 Date

Club's Executive Officer Directory

Club/Organization Name:			
Position	Name	Contact #	Email Address
President			
Vice-President			
Secretary			
Treasurer			
PRO/Historian			
Primary Advisor			
Co-Advisor			
Co-Advisor			
Other:			

IMPORTANT: A copy must be submitted to the finance office along with Form F & the Approval Summary Sheet.

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FUNDS ACCOUNTABILITY FORM STUDENT ACTIVITY REQUEST FORM F

Date: _____

Dear School Treasurer/Designatee/Accountant,

Please be informed that _____ will be holding a fundraiser.
 Information on the fundraising event is listed below:

Name of Event		Activity Number	
Sponsoring Club/Organization		Date of Activity	
Location of Activity		Time of Activity	
Chairperson		Contact Info	
Advisor(s)		Contact Info	

- Because this fundraiser is taking place over a course of a given time period, it requires our club to handle incoming funds on a daily basis. Deposits will be made on a daily basis to ensure the accountability of the money generated through our fundraising activity.
- Because this fundraiser will occur during non-school hours, all deposits will be made on the next school day that follows immediately after the fundraising activity to ensure the accountability of the money generated through our fundraising activity.

DUTIES	PERSON(S) RESPONSIBLE (Print & Sign)
Cash Handler <input type="checkbox"/> collects all donations/monies <input type="checkbox"/> logs all transactions <input type="checkbox"/> counts money	
Depositor <input type="checkbox"/> deposits monies	

IMPORTANT: a copy of this form must be submitted to the finance office along with Form E & the Approval Summary Sheet.

 Club Treasurer's Name & Signature

 Club President's Name & Signature

 Advisor's Name & Signature

 Principal/Assistant Principal's Name & Signature

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NON-APPROPRIATED STUDENT ACTIVITY FUND (NAF) REQUEST FORM

SY _____

Date of Request		
Date of Request	Name of Club/Organization/Grade Level Committee:	Requested By: (Name & Title)
Amount Requested: \$ (Standard Form)	In the Sum Of: (Word Form)	
Make Check Payable to:	Reason/Event	
<p>For goods or services as described below and in attached minutes and verified by the attached sales slip, invoice statement, or receipt of order:</p> <ul style="list-style-type: none"> ✓ Request must be submitted at least three (3) days in advance for any action to be taken and may take up to five (5) business days for requests exceeding \$200. ✓ Three (3) quotes must be submitted or justification for selection for withdrawals over \$200. ✓ Receipts must be submitted immediately after fund is expended. 		
PLEASE PROVIDE BALANCE BALANCES OF ACCOUNT:		
Before Withdrawal:	After Withdrawal:	School Treasurer:
\$ _____	\$ _____	_____

Event or Activity Cost			
Description:	Quoted Amount:	Company Name:	Invoice Number:
1			
2			
3			
4			

Disbursement Approval (Print Name and Sign)		
Advisor:	Student President/Treasurer:	Principal/Assistant Principal:
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		Chief Executive Officer:

Office Use Only		
Check Number:	Amount:	Received by (Print, Sign and Date):
Balance before withdrawal:	Balance after withdrawal:	Business Office (Print, Sign and Date):



TRUST AGENCY FUND (TAF) VOUCHER (Other Than Student Organization) REQUEST FORM

SY _____

Date of Request			Name of Fund/Organization/Committee:			Requested By: (Name & Title)		
Voucher Number:			Inputted On:			Initial:		
Amount Requested: \$ (Standard Form)			In the Sum Of: (Word Form)					
Make Check Payable to:			Reason/Event:					
<p>For goods or services as described below and in attached minutes and verified by the attached sales slip, invoice statement, or receipt of order:</p> <ul style="list-style-type: none"> ✓ Request must be submitted at least three (3) days in advance for any action to be taken and may take up to five (5) business days for requests exceeding \$300. ✓ Three (3) quotes must be submitted or justification for selection for withdrawals over \$300. ✓ Receipts must be submitted immediately after fund is expended. 								
PLEASE PROVIDE BALANCE BALANCES OF ACCOUNT:								
Before Withdrawal:			After Withdrawal:			School Treasurer:		
\$ _____			\$ _____			_____		

Money Committee (Print Name and Sign):		
Faculty Member:	Staff Member:	Student Member:

Disbursement Approval (Print Name and Sign):		
Requesting Teacher:	Department Chair:	Approved by Principal/Assistant Principal:
*For amounts over \$5,000.00 or other circumstances: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		By Chief Executive Officer:

Office Use Only		
Check Number:	Amount:	Received by (Print, Sign and Date):
Balance before withdrawal:	Balance after withdrawal:	Business Office (Print, Sign and Date):



GUAHAN ACADEMY CHARTER SCHOOL CASH COUNT SHEET

Date: (mm/dd/yy): _____

Club/Organization/Committee: _____

Name of Activity/Event: _____ Date of Activity/Event: _____

BILLS				AMOUNT
\$1.00	x		pcs	
\$2.00	x		pcs	
\$5.00	x		pcs	
\$10.00	x		pcs	
\$20.00	x		pcs	
\$50.00	x		pcs	
\$100.00	x		pcs	
Total Bills:				\$
COINS				AMOUNT
1¢	x		pcs	
5¢	x		pcs	
10¢	x		pcs	
25¢	x		pcs	
50¢	x		pcs	
\$1	x		pcs	
Total Coins:				\$
Total Bills & Coins:				\$
Total Checks:				\$
Total Transactions:				\$

NAME	DL#	CK#	BANK	AMOUNT
← TOTAL CHECKS:			\$	

Certified True & Correct:

Prepared By: _____
Club's Treasurer or Officer (Print & Sign)

Verified By: _____
Advisor's Signature

Funds Entrusted to: _____
Print & Sign

Date: _____

******REMINDER: Funds should NOT be held for more than 24 hours (Sunday – Thursday) or 72 hours (Friday – Saturday) as per NAF rules******

For Office Use Only:		
Date Received:	Submitted by (Print and Sign):	Receipt #
Verified & Received By (Business Office):		Amount of Deposit:



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CLUB/ORGANIZATION/COMMITTEE MEETING MINUTES TEMPLATE

Name of Club/Organization/Committee: _____

A meeting was held on _____ in Room # _____ commencing at _____ AM/PM and _____ presided.

Number in Attendance: _____

Number Absent: _____

Minutes: (attached additional pages if necessary)

I.	Call to Order
II.	Attendance
III.	Approval of Secretary's Minute
	A. Motion to approve minutes made by: _____
	B. Second by: _____
	C. Discussion
	D. Approved unanimously (Yes: _____ No: _____)
IV.	Treasurer's Report
V.	Old Business
VI.	New Business
VII.	Privilege of the Floor (Announcements)
VIII.	Adjournment

This is to certify that the club/organization/committee has approved to spend:

\$ _____ for _____

\$ _____ for _____

Signatures:

1. _____
President's Signature Date

2. _____
Secretary's Signature Date

3. _____
Advisor's Signature Date

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