

# SOUTH EASTERN SCHOOL DISTRICT

377 Main Street ■ Fawn Grove, PA 17321  
Phone (717)382-4843 ■ Fax (717)382-4769



## REQUEST FOR APPROVAL FUNDRAISING ACTIVITY

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Proposed Fundraising Activity: \_\_\_\_\_

Are fundraising items subject to PA sales tax? \_\_\_\_\_ Contact Business Office if unable to determine.  
Does this Fundraiser require a Food Exception \_\_\_\_\_ If yes, please complete reverse side of form.  
It will be forwarded to Food Service and Business Office.

Purpose of Fundraiser: \_\_\_\_\_

Location: \_\_\_\_\_

Start Date of Fundraiser: \_\_\_\_\_ End Date of Fundraiser: \_\_\_\_\_

Start Time (if applicable): \_\_\_\_\_ End Time (if applicable): \_\_\_\_\_

Procedure for Collection of Funds: \_\_\_\_\_

Does your organization maintain a school account? \_\_\_\_\_ Yes \_\_\_\_\_ No

Submitted by: \_\_\_\_\_  
(Printed Name) (Signature)

Advisor: \_\_\_\_\_  
(Printed Name) (Signature)

Coach: \_\_\_\_\_  
(Printed Name) (Signature)

BUILDING PRINCIPAL: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

Date Entered on District Spreadsheet: \_\_\_\_\_

Routing: Original – Contact Person

Copy – School and Admin

FOOD EXCEPTION: # \_\_\_\_\_ of 10 (high school)

# \_\_\_\_\_ of 5 (middle school)

2018-2019 APPLICATION TO SELL FOOD TO STUDENTS  
DURING SCHOOL DAY AND UP TO ½ HOUR AFTER THE SCHOOL DAY ENDS

Building: \_\_\_\_\_

Group or Club Sponsor: \_\_\_\_\_

Dates of Sale:

\_\_\_\_\_  
\_\_\_\_\_

Items for Sale (provide label nutrient and ingredient information with application):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Advisor)

\_\_\_\_\_  
(Date of Application)

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RESULTS:

☐ This application is in compliance with the regulations of the Healthy Hunger-Free Kids Act of 2010 (HHFKA) for the time period of \_\_\_\_\_.

☐ This application must be amended to comply with the HHFKA as follows: \_\_\_\_\_

\_\_\_\_\_

☐ This application is not in compliance with the HHFKA, but is approved to use one of the building exceptions. Exception # \_\_\_\_\_ of \_\_\_\_\_.

\_\_\_\_\_  
(Food Service Manager signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Business Manager signature)

\_\_\_\_\_  
(Date)

→FORWARD TO PRINCIPAL UPON COMPLETION

SESD: 60A (06/16)