West Central Area Schools
Student Activity Fund
Check Request Forms

Student Activity Fund: ________________________________
Date: __________________________  Amount: ____________________

Check Payable To: ________________________________
Full Address Needed ________________________________

Description of Disbursement: Check one
☒ Refund (only if you made direct payments)
☒ Leave in student’s trip account
☒ Transfer to sibling - Enter Name ________________________________
☒ Leave in General Music Account

Approval Signatures:

Parent/Guardian: ________________________________
Student Treasurer: ________________________________
Student Activity Advisor: ________________________________
Principal: ________________________________