

PENNRIDGE SCHOOL DISTRICT
Request to Establish and Renew a Student Activity Account
Annual Purpose Statement

Appendix B

EFFECTIVE FISCAL YEAR 2027

Activity Name: Technology Student Association (TSA) Account Number: 0496.20
Date Submitted: 7/24/2026 New: ☒
Current Balance: 0 Renewal: ☒
Board Approved: _____
Purpose of Activity:
TSA is a national organization that allows
students to compete at the regional, state and
national level. With over 45 possible events students
are able to pick 2-6 events to compete in each year
Age, grade, and interest of students served:
9-12 High school students

I, Marie Leatherman (advisor) received a copy of the Student Activity Procedures Handbook and acknowledge my responsibility for assuring proper procedures are followed. It is understood that a student President, Treasurer and Secretary shall be elected to work with the faculty advisor and will abide by all policies and procedures approved by the Pennridge School District Board of School Directors.

Marie Leatherman [Signature] 9/24
Advisor's Name Printed Advisor's Signature Date of Submission

I, Abram C. Hughes (building principal) received a copy of the Student Activity Procedures Handbook and acknowledge my responsibility for assuring proper procedures are followed. I also acknowledge that I will be held accountable for any deficit balance that may occur in the above named activity account. It is understood that a student President, Treasurer and Secretary shall be elected to work with the faculty advisor and will abide by all policies and procedures approved by the Pennridge School District Board of School Directors.

Mr. Abram C. Hughes [Signature] 9/25/26
Building Principal Name Printed Building Principal's Signature Date of Submission

Upon termination or inactivity for more than a year of the above named activity, any funds not obligated that remain in the account will be deposited of in the following manner:

List of Club Activity Officers (President, Treasurer, Secretary required):

Printed Name, Title

Signature

Printed Name, Title

Signature

Printed Name, Title

Signature

Printed Name, Title

Signature

Copy of Approved Form to be returned to Principal and Faculty Advisor upon Board approval.

BUSINESS OFFICE USE

This request was _____ approved _____ denied by the Board of School Directors.

Meeting Held on _____

School Board President Signature _____