

**HIGHLAND RIM HEAD START  
REQUEST FOR PARENT ACTIVITY FUNDS**

**Classroom:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Committee President submitting request:** \_\_\_\_\_

**Description of the event for which the funds are requested:** \_\_\_\_\_

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**Date of event:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Date funds are needed?** \_\_\_\_\_

**Who is responsible for obtaining and verifying receipts?** \_\_\_\_\_

Attach the Parent Committee meeting minutes that reflect the vote to use the Parent Activity Funds to this request.

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**This section to be completed during Policy Council**

**Policy Council Approval** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Disapproval** \_\_\_\_\_

**Signature of Policy Council Chairperson:** \_\_\_\_\_