



How many students will be affected by this request?

What are the educational benefits of this item or activity? How will the students benefit from this request? Will it enrich their existing curriculum?

Additional information:

Please answer the questions thoroughly. If you would like to explain your request further, we would like for you to come to the PTA meeting(s) to share more information. The meetings are normally every 2nd Wednesday of the month at 7:00 P.M. If you have any questions, please feel free to ask any of the PTA Officers.

We will be in contact with you as soon as possible regarding the status of this request.

This request has been: **Approved** / **Not Approved** / **Need More Info. To Proceed:**

**Reason(s) request was**

Principal Approval: \_\_\_\_\_ PTA Approval: \_\_\_\_\_  
Signature Date President Signature Date

**Notes:**