



## Assurances School Support Organizations

<i>Organization Name:</i>	
<i>School Year:</i>	
<i>President:</i>	
<i>President's Contact Information:</i>	
<i>Treasurer:</i>	
<i>Treasurer's Contact Information:</i>	
<i>Objectives &amp; Activities:</i>	

*Attach annual budget. Submit to director of schools by July 1 each year.*

As a representative of the above stated School Support Organization, I certify that the necessary assurances of compliance with applicable school board policies and procedures, including the specific controls stated in the attachment, will be met.

\_\_\_\_\_  
*Signature of School Support Organization President*

\_\_\_\_\_  
*Date*