



Request to Establish a School Trust Account **Request to Establish a School Trust Account**

Date: _____

Date: _____

Account Name: _____

Account Name: _____

Umbrella Account: _____

Umbrella Account: _____

Purpose: _____

Purpose: _____

Approved by: _____

Approved by: _____

Note: The Principal has overall supervision of all accounts. Funds collected must be accounted for in the school trust fund system.

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Office Use:

Office Use:

Account Code: _____

Account Code: _____