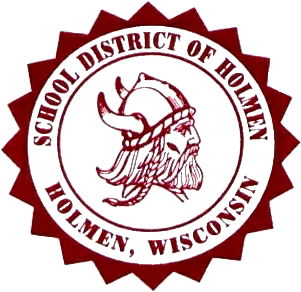
**SCHOOL DISTRICT OF HOLMEN**

**Student Activity Fund**

**Policy Sign-off Form**

I hereby acknowledge I have read and received a copy of the “Student Activity Funds Management” Policy 662.1 dated May 10, 2010 and I have been given the opportunity to ask School District of Holmen Administration questions I may have regarding this policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date