CANYONS SCHOOL DISTRICT

PARENT SCHOOL SUPPORT ASSOCIATION/ORGANIZATION NOTICE OF INTENT/APPLICATION FORM

School:	Date:
Name of Proposed Parent School Support Association/Orga	anization:
Name of Representative:	
Mailing Address:	Phone:
E-mail Address to which the Parent School Support Associa Communication:	· -
Describe the Applicant Parent School Support Association/onests if necessary)	
Leadership (please list the name, title and phone number for association/organization individuals/potential members the	or at least three applicant parent school support
Please attach a copy of the applicant association's/organiza	
By signing below, the new/application parent school suppo themselves with and abide by all applicable District policies R277-113 (LEA Fiscal Policies and Accountability).	_
Applicant Parent School Support Group Representative:	Deter

CANYONS SCHOOL DISTRICT

25 Signatures Requirement:

An applicant association/organization must submit a notice of intent (NOI), including 25 individual signatures of a parent/legal guardian with a student enrolled at the local school as listed in the official registration files in support of the Notice of Intent/Application to the Superintendent. Please Note: Verified signatures listed on the Notice of Intent/Application Form will be credited to the 25% required for the Petition for an election of a new/alternative parent school support association/organization.

By signing below, I certify the	at I am the parent (s)/I	egal guardian (s) of a	student registered at
So	chool and I support the	e Notice of Intent/App	lication.

	[Student Name]	[Parent/Legal Guardian Signature]	[Printed Name]
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