CANYONS SCHOOL DISTRICT

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

School:	Date:			
Name of Proposed Parent School Support Association/Organization:				
Name of Representative:				
Mailing Address:	Phone:			
	ne Parent School Support Association/Organization desires to receive Official District			
sheets if necessary)	rent School Support Association/Organization goals and objectives (attach additional			
• ••	name, title and phone number for at least three applicant parent school support ndividuals/potential members that will serve in leadership positions):			
Please attach a copy of the	e applicant association's/organization's bylaws and policies:			
	/application parent school support organization leaders agree to familiarize by all applicable District policies and procedures and Utah Administrative Code ies and Accountability).			
	upport Group Representative:			
Cianatura	Dato:			

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: Upon approval of the NOI/Application, the 25 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 that I am the parent (s)/legal guardian (s) of a student registered at

School and I support the Notice of Intent/Application.				
	[Student Name]	[Parent/Legal Guardian Signature]	[Printed Name]	
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CANYONS SCHOOL DISTRICT

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