FORM A

Revised: 11/2018

NEW BEDFORD PUBLIC SCHOOLS

STUDENT ACTIVITY ACCOUNT

SCHEDULE OF RECIEPTS FORM

Use this form to document accumulation of funds from students/parents

Date: _____ School: _____

Activity / Field Trip / Event: _____

Teacher/Clerk Submitting this Form: _____

Students Name	Check # / Cash	Check Amount	Date Received

Total Cash:

_____

Total Checks:

_____

TOTAL DEPOSIT:

_____

Signature of Teacher/Clerk Submitting this Form: _____

Student Activity Account Advisor's Signature: _____

Principal's Signature: _____