



ARLINGTON HIGH SCHOOL

Club: _____

Advisor(s): _____

Student Treasurer: _____

School Year: _____



LCAP Funding Request for

I. Date Created: Date Approved:

II. Group/Club: Advisor/Coach:

III. Date of Event: Request Amount:

IV. Purpose of Event:

RUSD LCAP Goals:

Goal 1: Provide High Quality teaching and learning environments for all students

Goal 2: Prepare all students to be college, career, and world ready upon graduation

Goal 3: Fully engage students, parents, and the community in support of short and long term educational outcomes

V. Which LCAP goal does this meet?

VI. How will this LCAP allocation provide an opportunity for our students they may not otherwise have had the chance to experience? What is the impact of this opportunity?

VII. Will this include students who are foster/homeless, ELL, or SED? or

Club Advisor Signature: _____ Date: _____

Student Representative Signature: _____ Date: _____

Return to Ms. Dufour's Box

LCAP decisions are made with the Admin team the first of every week.

Approval Signatures

Administration: _____ Date: _____

ASB Director: _____ Date: _____

*****Post-event follow up paperwork is due a week after event is held****