

To the Rockport Public School Teachers, Administration and Staff,

The Rockport Parent Teacher Organization (PTO) allows members of the Rockport Public School System to request funding for various initiatives, programs, field trip transportation, classroom supplies and other items that are not expressly covered by the annual school budget.

During the school year, the PTO's fundraising efforts help pay for various programs and initiatives that enrich the educational experience of all of our students. The PTO typically funds a substantial amount of money to these important programs each year, including Enrichment Activities, Teacher Requests, Transportation Funding and various other programs and supplies.

On the next page of this letter you will find the **PTO FUNDING REQUEST APPLICATION FORM** for your use in requesting funds from the PTO. The PTO board attempts to apportion the funds throughout the school system and looks favorably on requests that are used to enrich the educational experience of the students and benefit a large number of students. Please be as detailed as possible regarding the funding request (including the description, desired benefit, cost and number of students it will benefit) as it will allow the PTO to better assess the request.

Any requests should be submitted to the PTO (via either the PTO mailboxes in each school's office or via an email to <a href="mailto:rockportpto@gmail.com">rockportpto@gmail.com</a>) well in advance of the date needed for the funding (>30 days is preferred). Please note that the PTO meets once a month during the school year (except in December) to handle any funding or volunteer requests and therefore needs ample time to be able to discuss and vote on each request.

Please contact the PTO Board at <a href="mailto:rockportpto@gmail.com">rockportpto@gmail.com</a> or Michael Kern (Treasurer) at (617) 797-8219 with any questions regarding the Funding Request Form.

Sincerely,

Rockport PTO Executive Board



## PTO FUNDING REQUEST APPLICATION FORM

TEACHER'S NAME:	DATE:
SCHOOL (RES, RMS, RHS)	PTO MEMBER (CIRCLE ONE): YES NO
TEACHER PHONE & EMAIL ADDRESS:	
DEPARTMENT & GRADE:	
AMOUNT REQUESTED (Please include all cos	ts):
NUMBER OF STUDENTS TO BENEFIT (Be Specifi	c):
DESCRIPTION OF REQUEST & DESIRED BENEFIT	(please attach additional pages for added details):
HAVE YOU REQUESTED FUNDING FROM THE S	CHOOL OR ANY OTHER SOURCES? IF SO, DESCRIBE.
SIGNATURE OF TEACHER:	SIGNATURE OF PRINCIPAL:
SIGNATURE OF SUPERINTENDENT: (FOR ANY R	EQUEST OF \$500 OR MORE)
(Do Not Write Below this Line)	
PTO ACTION/DATE: ApprovedNOT	Approved Amount \$
PTO FUNDING ALLOCATION OF REQUEST:	
Enrichment Teacher Request Tra	nsportation Other
Notes:	