KINGSLEY AREA SCHOOLS
402 Fenton Street
Kingsley, MI 49649
Superintendent: Joshua T. Rothwell
jrothwell@kingsleyschools.org
(231) 263-5261 Ext. 1104

Kingsley Area Schools and the community share the responsibility of educating all students to become productive citizens and lifelong learners.

Kingsley Area Schools District Fundraising Request Form

Before any fundraising activities begin, please complete this form. If the fundraiser is approved, you will be notified via email. Please do not proceed with fundraising activities until you have received approval. At the conclusion of the fundraiser, please submit the ***Final Fundraising Report Form*** *documenting the* ***amount*** *of money deposited and to what* ***account*** *the funds were deposited.*

Circle ONE: Kingsley High School Kingsley Middle School

Kingsley Elementary School Other

NAME: _____

PHONE:_____ Ext._____

E-mail:_____

ACTIVITY Account or ORGANIZATION sponsoring fundraiser:

_____

Parent or Staff Members Responsible for fundraiser (if other than applicant)

_____

General Description of Fundraiser:

_____

_____

***IF Fundraiser is a camp* – INCLUDE ROSTER of Attendees as a separate attachment.**

Start Date of Fundraiser: _____ **End Date** of Fundraiser: _____

When is money being collected? _____ ***Make All Checks Payable to Kingsley Area Schools (NO EXCEPTIONS)****

Kingsley Facility Needed? Yes No

- If Yes, please attached completed facility use form

Expected Profit of fundraiser: _____

Is KAS the sole recipient of profits? Yes No

- If No, what % or amount goes to an external source? _____

Have you done this fundraiser in previous years? Yes No

Will students be asked to solicit sales? _____

What will funds be used for?

_____

_____

Applicant Signature: _____ Date: _____

Principal Signature: _____ Date: _____

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For Office Use Only:

- o APPROVED
- o DENIED

Superintendent Signature: _____ Date: _____

Copy to applicant, Copy to file, Copy to Central Office *Updated: April 28, 2026*