

# McKenzie Special Schools - SSO Annual Information Form

(This form must be submitted to the director of schools/designee by August 1 of each school year – Pursuant to section 49-2-604, TCA)

For School Year 20\_\_\_\_ / 20\_\_\_\_ (current school year beginning in August)

Organization Name \_\_\_\_\_

School the SSO is associated with \_\_\_\_\_

## **Goals and Objectives of Organization:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Status**

- Nonprofit\*    \*SSO has also been granted 501(c)3 status from the IRS - Yes     No   
 Foundation\*  
 Chartered member of nonprofit organization or foundation    (example PTA or FFA Alumni)

Does the organization anticipate issuing payment to any MSSD employee(s)?

- No                     Yes – all payments must be pre-approved & made thru the MSSD payroll dept. If yes, list all MSSD employees the organization anticipates paying, the reason for the payment and estimated amount.

Name/Reason \_\_\_\_\_ \$ \_\_\_\_\_

Name/Reason \_\_\_\_\_ \$ \_\_\_\_\_

## **Officers**

**President** \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_

**Vice-President** \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_

**Treasurer** \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_

**Secretary** \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_

SSO mailing address or email: \_\_\_\_\_

**\* New form must be submitted if there is a change of officers during the school year \***

There has been a change to the SSO officers during the school year. The new officer(s) are listed above. Date effective: \_\_\_\_\_

SSO rep. submitting change information: \_\_\_\_\_