



S.H.S.I.M.S.G.

Southfield High School Instrumental Music Support Group

STUDENT ACCOUNT WITHDRAWAL FORM

Request for funds to be release from the student's account to be credited towards the following school event:

I, _____, request that \$ _____
(Parent/Guardian Name) (Amount)

be moved from my child's, _____,
(Student's Name)

student account to pay towards his/her _____.
(List Event, Trip, Payment)

Parent/Guardian Signature

Print Parent/Guardian Name

Parent/Guardian Contact Number

Date

Funds have been approved and moved by:

Michele Davis, Treasurer

Date

_____ Check here if a check is needed for payment.

Make check payable to: _____