

# Student Council Request

Teacher/Staff Name \_\_\_\_\_

Grade level \_\_\_\_\_

Item Requested \_\_\_\_\_

Brief Description of how the item will be used(how will this item improve or support your students' educational experiences) \_\_\_\_\_

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Anticipated Cost of Item \_\_\_\_\_

If available, please attach any documentation such as picture, description or receipt. You can also place items in a cart and print out your cart.

\*\*\*Once Student Council approves the purchase, the item will be ordered for you or you will be notified that you can order it and will be reimbursed.

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For Student Council Use Only

Item approved: YES      NO

Date: \_\_\_\_\_