



A Gift For Teaching - Seminole

A program of The Foundation for Seminole County Public Schools

2016-2017 School Year Shopping Representative School Form

Please assign up to two school representatives to shop at the Free Store. Your two representatives are eligible to shop a **combined** total of 2 times per month. Representatives will not be able to shop until this completed form is on file.

The school's principal, along with his/her designated shopping representatives, must review and agree to the shopping policies on the attached list.

School Information

School: _____

Principal: _____

Phone Number: (_____) _____ - _____ x _____

Representative 1 Information

Name: _____

Title: _____

E-mail Address: _____

SCPS ID #: _____

Representative 2 Information

Name: _____

Title: _____

E-mail Address: _____

SCPS ID #: _____

We, the undersigned, agree to A Gift For Teaching – Seminole’s shopping policies:

Principal (Print Name)

Principal Signature

Representative 1 (Print Name)

Representative 1 Signature

Representative 2 (Print Name)

Representative 2 Signature

Shopping may begin once the completed form has been returned to A Gift For Teaching - Seminole: Please bring the form with you the first time you shop.

For AGFT-S use only: Date Entered: _____ Staff initials: _____