

Form 15.4 School Community Council (SCC) Software Program Approval Form

Please complete this form for any software program or website that the School Community Council is considering to implement to improve fundraising efforts and streamline the collection process. Forms must be submitted by June 15th of each year to be considered for the upcoming school year.

SECTION 1: Program Overview

Software Title: _____

Website Address Listing of Software Specifications: _____

Purpose / Intended Use of the Program:

(Describe how this program will support fundraising efforts and streamline collection of funds.)

Does the school or division currently provide any software that offers similar usage? (If so, please provide the name of the software and how the software requested is better than the currently offered software)

Do you have any experience using the software? (If so, please explain):

Why was this particular software selected?

SECTION 2: Implementation Timeline

Requested Start Date (must run for full academic year): _____

SECTION 3: IT & Data Privacy Requirements

Is student information shared with third parties? Yes No

If so, provide details of what information is shared:

If yes, please describe and attach relevant privacy agreements:

SECTION 4: Financial Information

Total Cost of Software: \$ _____

Total Estimated Cost per transaction: \$ _____

How will these costs be covered?

- Entirely by the SCC
- Partially by SCC and partially by parents
- Entirely by parents

If costs are passed on to parents, please provide a detailed breakdown and justification:

SECTION 5: Banking Information

All program funds must be managed through the school’s existing financial accounts. Separate bank accounts are strictly prohibited.

SECTION 6: Required Signatures

By signing this form, we affirm that all information provided above is accurate to the best of our knowledge and believe it will be a valuable contribution to our fundraising efforts.

Role	Name	Signature	Date
SCC Chairperson			
Principal			

SECTION 7: Annual Year Plan Approval

This has been approved in the Annual Year Plan and reflected in Budget.

Role	Name	Signature	Date
Director of Education or Designate			

SECTION 8: Confirmation of Review

Has this program been reviewed by IT for compatibility and security? Yes No

Does the program comply with student data privacy requirements (e.g., LAFOIP, local data laws)? Yes No

Upon signing this form, Finance and IT acknowledge their review of the information and authorize moving forward with this program.

Role	Name	Signature	Date
Chief Financial Officer			
IT Manager			