



**ST. JOHNS COUNTY SCHOOL DISTRICT**  
**Department for Planning, Accountability and Assessment**  
40 Orange Street  
St. Augustine, Florida 32084  
Telephone (904) 547-7621      FAX (904) 547-7625

**SCHOOL RECOGNITION FUNDS FORM**

We, the undersigned, of \_\_\_\_\_ School,  
**agree to the attached procedure** for determining the distribution of school recognition funds.

\_\_\_\_\_  
SJEA Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
SJSSA Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
SAC Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

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----- District Office use only -----  
**MEMORANDUM**

To:            Conley Weiss, Chief Financial Officer

From:         Scott Sherman, Director for Planning, Accountability, and Assessment

Please provide: \_\_\_\_\_ School,  
with data to complete their school recognition budget.

\_\_\_\_\_  
Scott Sherman, Director for Planning, Accountability  
and Assessment

\_\_\_\_\_  
Date