

## THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

### LIBERTY HIGH SCHOOL

4250 Pleasant Hill Rd. · Kissimmee · Florida 34746

PHONE: (407) 933-3910 • FAX: (407) 933-9990 • www.lbhs.osceolaschools.net

#### **PRINCIPAL**

DR. LA TONIA HARRIS

#### **ASSISTANT PRINCIPALS**

STEVEN LOUIS JEAN DAVID EDWARDS SHAQUANA MORGAN DR. CINDY RAMDIAL-BUDHAI

#### SCHOOL BOARD MEMBERS

Teresa "Terry" Castillo Chair District 1 - Kissimmee 407-577-5022

Julius Melendez Vice-Chair District 2 - Kissimmee 321-442-2862

Jon Arguello District 3 - Kissimmee 407-433-9082

Clarence Thacker District 4 - Kissimmee 407-870-4009

Robert Bass District 5 - St. Cloud 407-460-1370

Superintendent of Schools Dr. Debra Pace



## **Mission Statement**

Liberty High School will ensure every student is successful in a safe and secure environment while acquiring the necessary social and academic skills needed to be lifelong learners, as well as competent and responsible citizens.

# School Advisory Council (SAC) Funds Request

All funds must be submitted to SAC officer at least two weeks prior to the SAC meeting in which you

are requesting funds. Funds may be requested by faculty/staff member during their second visit of the

school year. You must be present at the meeting and may be asked to answer questions and/or provide additional information not provided before an official vote to relinquish funds. Please fill out this form and attach a vendor's estimate along with any other <b>breakdown of costs</b> and how funds will be spent.	
Name of Person (and club/group) requesting funds:	
Date of request submitted:	Total requested amount: \$
Expected money usage date (when will this money be spent?):	
Funds will be used for (please be specific):	
1	Amount:
2	Amount:
3	Amount:
4	Amount:
5	Amount:
6	Amount:
7	Amount:
How does this request help with Liberty High School's School Improvement Plan (SIP)?	
Enter Your Text Here.	
Below to Be filled out by committee:	
Principal Pre-Approval:	Date:
Committee Vote: Denial /Approval Approved Amount to be Encumbered:	
SAC Chairperson:	Date:
Denial Reason (if (applicable)	

Principal Final Approval: \_\_\_\_\_

Date: