

**ST. PETERSBURG HIGH SCHOOL REQUEST FOR SCHOOL IMPROVEMENT FUNDS FROM THE  
SCHOOL ADVISORY COUNCIL (SAC)**

Name	Date	Amount Requested

**Instructions**

1. SAC meets on the 2nd Monday of each month.
2. Email this form by the Wednesday prior to SAC President Christopher Henderson, [SPHSSACCHAIR@gmail.com](mailto:SPHSSACCHAIR@gmail.com) and SPHS Admin Karen Roehm, [roehmk@pcsb.org](mailto:roehmk@pcsb.org)
3. You MUST be present or have a delegate when requesting funds.

Subject Taught or Faculty/Staff Position	Grade Level(s)

One-Line Title (Purpose) of Request

Breakdown of Funds	
Item	Amount

School Improvement Plan (SIP) Goals Supported (mark all that apply)					
ELA/Reading	<input type="checkbox"/>	Conditions for Learning	<input type="checkbox"/>	Graduation Rate	<input type="checkbox"/>
Math	<input type="checkbox"/>	Bridging the Gap	<input type="checkbox"/>	<b>Subgroups</b>	
Science	<input type="checkbox"/>	Attendance	<input type="checkbox"/>	Black Students	<input type="checkbox"/>
Social Studies	<input type="checkbox"/>	Family & Comm. Engagement	<input type="checkbox"/>	ESE	<input type="checkbox"/>
Healthy Schools	<input type="checkbox"/>	College and Career Readiness	<input type="checkbox"/>	ELL	<input type="checkbox"/>

Explain how this activity will support the SIP goal(s)

Amount Approved	Approval Signatures	
	SPHS Principal	
Date Approved	SAC Chair	
	SAC Secretary	