Annual Charter/Renaissance School Fiscal Questionnaire



To: Charter/Renaissance School Lead Person and School Business Administrator

From: Office of Charter and Renaissance Schools

New Jersey Department of Education

Subject: Annual Fiscal Questionnaire

Please complete this form and present to the Board of Trustees for Approval. If at any time during the year, there is a change in School Business Administrator or in any of the responses below, please notify our office and resubmit this form immediately.

General Information

Charter/Renaissance School Name:

School Business Administrator:

Treasurer/Preparer of Bank Reconciliation:

Enrollment

Current Enrollment:

Budgeted Enrollment:

Maximum Enrollment:

Accounting/Reporting

Provide additional comments in a separate document.

Question	Yes	No	Comments
Is a GAAP Accounting System being used?			
Provide Name of Accounting System:			
Are monthly Board Secretary Reports current?			
Are monthly Bank Reconciliations current?			
Are monthly Board Minutes current?			
Do all Fund Accounts have positive balances?			
Are monthly Bill Lists being presented to the Board?			

Yes	No	Comments
1	1	
Yes	No	Comments
esubmit	ted imn	nediately if there are any changes to the responses above.
	SBA S	ignature:
	Print	Name:
	Email	:
	Telep	hone:
	Date:	
	Yes	Yes No Submitted imm SBA S Print Email Telep

Date Board Resolution Passed: