

VIRGINIA ASSOCIATION OF SCHOOL BUSINESS OFFICIALS

***Official Application
For
Virginia Registered School Business Official
Or
Virginia Registered School Business Administrator***

This is to certify that I, the undersigned, have complied with all the requirements for the status of a Virginia Registered School Business _____, and have, through proper affidavit and documentation, submitted this evidence below; and, in addition, I have demonstrated high standards of ethics, service, management, and professional responsibilities by my achievement in the profession of educational administration, and have made and/or will continue to make contributions to this profession and to the Association of School Business Officials of the Commonwealth of Virginia.

Name _____ Phone No. (____) _____

Home Address _____ City _____

State _____ Zip Code _____

Name of Employer _____ Phone No. (____) _____

Address of Employer _____ City _____

State _____ Zip Code _____

Name, Title, Phone No. of Immediate Supervisor _____

Superintendent/President _____ Phone No. (____) _____

Are you a current active member of International ASBO? _____

Number of continuous years of membership? _____

Are you a current active member of VASBO? _____

Number of continuous years of membership _____

What is your exact title? _____

How long have you been in this position? _____

What was your previous title? _____

How long did you retain this title? _____

Are you applying for registration as a VRSBO or VRSBA? _____

Do you require a waiver by the Board of Directors of VASBO? _____

If Yes, please explain _____

Years of formal education and highest degree awarded _____

Name of the awarding institution _____

Year awarded _____

Have you previously been awarded the RSBO? _____

If so, what is your certificate number? _____

Have you previously been awarded the RSBA? _____

If so, what is your certificate number? _____

Do you desire this number to be applied to your VRSBO/VRSBA certificate? _____

applicants must have at least one check under each of at least three areas designated A, B, C, D, E, and F.

A. BUILDINGS AND GROUNDS

- _____ Maintenance of Plant
- _____ Operation of Plant-Engineering Services
- _____ Supervision of Construction

B. FINANCIAL AFFAIRS

- _____ Accounting
- _____ Auditing
- _____ Cost Analysis
- _____ Data Processing
- _____ Debt Service & Capital Fund
- _____ Financial Planning & Budgeting
- _____ Reporting – Statistics
- _____ Payroll Administration

C. TRANSPORTATION MANAGEMENT

- _____ Fleet Maintenance
- _____ Pupil Transportation

D. SCHOOL FOOD MANAGEMENT

- _____ Food Service

E. PERSONNEL MANAGEMENT

- _____ Personnel Management
- _____ In-service Training

F. OTHER

- _____ Product Testing
- _____ Insurance
- _____ Office Management
- _____ Permanent Property
- _____ Records & Legal Papers
- _____ Purchasing & Supply Management
- _____ Real Estate Management
- _____ School Store Management
- _____ School Community Relations
- _____ Warehousing

I certify that _____ has responsibility for the areas checked above.
Name of Applicant

Signature of Immediate Administrator or Supervisor

Date

Have you or are you submitting all necessary documents for review by the VASBO Board of Directors as required? _____

Have you included the following?

- A. Application _____
- B. Check _____
- C. Letter _____
- D. Degree Certification _____
- E. Organizational Chart _____

Signature of Applicant

Date