

# Albany Area Schools ISD 745



## SCHOOL DISTRICT SPONSORED STUDENT ACTIVITY PROPOSAL

- I. School Year: \_\_\_\_\_
- II. Name of Activity: \_\_\_\_\_
- III. District Contact Person: \_\_\_\_\_
- IV. Description of the activity and how the activity will be implemented: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- V. What is the number of required participants necessary for the program to achieve and sustain activity status? Please provide an explanation of your rationale.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- VI. Membership Information:
- a. Grade Levels: \_\_\_\_\_
- b. Estimated Number of Participants:
- i. Year 1: \_\_\_\_\_
- ii. Year 2: \_\_\_\_\_
- iii. Year 3: \_\_\_\_\_
- iv. Year 4: \_\_\_\_\_
- v. Year 5: \_\_\_\_\_
- VII. Identify any impact on Title IX: \_\_\_\_\_
- VIII. Facilities required and impacts on other programs: \_\_\_\_\_

IX. Itemized budget for Year 1: \_\_\_\_\_

X. Itemized budget for Years 2-5: \_\_\_\_\_

XI. What are the projected timelines for implementation of the new activity? \_\_\_\_\_

\_\_\_\_\_

XII. Describe any history this activity may have as a program in “club” status or as a previously sponsored district activity. (You may include such things as duration, participation, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Initiator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Administrator

\_\_\_\_\_  
Date

***Completed requests should be forwarded to the Superintendent. There may be additional requests for information.***

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activities Director

\_\_\_\_\_  
Date