

APPLICATION FOR STUDENT ORGANIZATION

School _____ Date of Application _____

Name of Proposed Organization _____

Name of Student Contact _____

What are the purposes and activities of the organization? Please be specific.

Name of School staff person providing supervision _____

Anticipated number of students in organization _____

Anticipated frequency of Meetings _____

Anticipated Meeting Times _____

Date _____ Student Leader _____

Date _____ Proposed Supervisor _____



Request Approved _____ Request Denied _____

Rationale and/or conditions:

Date _____ Principal _____