

**STUDENT GROUP REQUEST**

Valid for School Year: \_\_\_\_\_

**NON-CURRICULAR RELATED STUDENT GROUP**

Campus: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Group: \_\_\_\_\_

Purpose/Goal of Group: \_\_\_\_\_

Day of Meetings: \_\_\_\_\_ No. of Students in Group: \_\_\_\_\_

Time of Meetings: \_\_\_\_\_

Student Activity Account Requested:  Yes  No

Student Submitting Request: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name of Campus Staff Member serving as Employee Monitor: \_\_\_\_\_

Signature of Campus Staff Member serving as Employee Monitor:  
\_\_\_\_\_

***MUST BE APPROVED WITHIN 7 DAYS***

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Chief Student Services Officer: \_\_\_\_\_

Date: \_\_\_\_\_

**Provide copy to all campuses that have students involved**

Policy FNAB (LEGAL/LOCAL)