Willis Independent School District
Parent Organization Registration Approval Form

To: _____ Location: _____
Principal's Name Campus Name

_____ _____
Name of Organization Faculty Sponsor

_____ _____
Purpose of Organization Student Group to Support

Current Number of Parent Supporters: _____

I agree with the following statements:

- ☐ I have spoken with the faculty member who will serve as the Sponsor of the Organization and have received permission to submit this registration form.
- ☐ I have reviewed all the items related to Parent Organizations on the Business Office's webpage and agree to abide by the rules and guidelines stated there.
- ☐ I understand that noncompliance with any District policy or criteria may result in the disbanding of the organization by the Principal.

Submitted by:

_____/___/___ _____/___/___
President/Representative #1 Date Vice-President/Representative #2 Date

_____/___/___ _____/___/___
Treasurer/Representative #3 Date Sponsor Date

For District Use Only

_____ APPROVED/REJECTED _____
Principal's Signature (Circle One) Date