

Request to Establish a New Student Activities/Club Activity

(To be completed by Faculty Member and submitted to the Assistant Superintendent-Principal's Office)

Date of Request: _____

Name of Proposed Club/Activity: _____

Advisor Name: _____

Advisor Email: _____

Objective/Mission _____

Will participation be open to the entire student body? Yes No

If no, please list the criteria needed to become a member: _____

Approximate Number of Participants _____

Specific Source of Funds (eg. Students/fundraising/donations) _____

Will members be involved in fundraising? _____

Types of Fundraisers planned _____

What will the funds be used for? _____

Will an Activity/Club fee be charged? Yes No

If yes, how much? _____

How often will the club meet? _____

Will this club be participating in any field trips outside of the school day? Yes No

If yes, please explain: _____

Advisor Name: _____ Signature: _____

Assistant Superintendent-Principal Signature: _____ Date: _____

School Committee Approval Date: _____

