PSBA
Pennsylvania School Boards Association

ADMINISTRATIVE REGULATION

APPROVED: January 15, 2026

REVISED:

122-AR-5. REQUEST FORM FOR STUDENT **EXTRACURRICULAR** MEETINGS

This request form is for the purpose of scheduling times to meet for school sponsored or approved student extracurricular activities.

Students attending extracurricular activities are expected to return the room(s), including furniture, to its original condition and configuration after each use. The contents of assigned room(s) are the private property of the school. Seven (7) days prior to any meeting, the requesting student must give the building administrator the name of anyone attending the meeting who is neither a student nor a school staff member. When a copy of this form is returned with the necessary approval signatures, the **extracurricular activity** may begin its **operations**.

Return this form to the building administrator for approval.

Student's Name: _____

Name **of Extracurricular Activity**: _____

Description/Purpose of Activity: _____

Will nonschool individuals direct, conduct, control or regularly attend meetings? _____ Yes _____ No

If yes, please explain: _____

Will decorations be used? ____ If yes, how will they be affixed? _____

Materials to be brought into/near building (be specific):

Material: _____

Purpose: _____

Activity Date(s): _____

Start Time: _____ End Time: _____

How will students attending the **extracurricular activity meeting(s)** be made aware that student discipline rules apply during the meeting and at all times while on school property?

____ They will be told by the student signing this form.
____ They will receive a written explanation.
____ Other: _____

By signing this form, you agree to comply with the Joint Operating Committee policy and administrative regulations **regarding** student **extracurricular activities**.

Student's Signature: _____ Date: _____

Official Use Only

Date Request Received: _____ Date Approved: _____

Received By: _____ Approved By: _____

Room(s) Assigned: _____

Approval Signature: _____ Date: _____

Student's identification was verified by: _____

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