

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 Number: _____

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: _____

Director, Secondary Campus Services : _____

Date: _____