

STUDENT GROUP REQUEST

Valid For: School Year _____

CURRICULAR RELATED STUDENT GROUP

Campus: _____ Date: _____

Name of Group: _____

Purpose/Goal of Group: _____

Day of Meetings: _____ No. of Students in Group: _____

Time of Meetings: _____

Curriculum and Instruction Class: _____

Student Activity Account Requested: Yes _____ No _____

Sponsor Name: _____ Sponsor Signature: _____

MUST BE APPROVED WITHIN 7 DAYS

Principal Signature: _____

Date: _____

Assistant Superintendent of Curriculum: _____

Date: _____

Director, Secondary Campus Services : _____

Date: _____