APPLICATION FOR APPROVAL
AS A NON-CURRICULUM RELATED ACTIVITY

The undersigned students hereby request recognition as an approved non-curriculum related group for the 20_____ school year under the conditions specified in policy and administrative procedure 2153.

Proposed name of activity or group_____

Purposes and objectives of the activity or group:

1.

2.

3.

4.

Proposed activities:

1.

2.

3.

4.

Monitor of proposed group
(to be named by principal) _____

Meeting area
(to be assigned by principal) _____

Names of non-students who may be invited on an occasional basis:

_____ _____

_____ _____

The undersigned students give assurance that:

1. **Students shall be voluntarily attending the meeting(s).**
2. **Non-students shall not be directing, conducting, controlling or regularly attending future meetings and/or activities.**
3. **The monitor shall not be expected to be an active participant.**

Student signatures _____ _____

_____ _____

Request ⇧ **Approved** ⇧ **Denied** ⇧ _____

Principal