

APPLICATION FOR RECOGNITION AS AN APPROVED CO-CURRICULAR ACTIVITY

The undersigned students hereby request recognition as an approved co-curricular A.S.B. group for the 19__school year under the conditions specified in policy and administrative procedures No. 6250.

The co-curricular activity is an extension of or related to _____

- Objectives of co-curricular activity:
1. _____
 2. _____
 3. _____
 4. _____

- Proposed activities:
1. _____
 2. _____
 3. _____
 4. _____

Advisor/Staff Member: _____

Meeting Area: _____

Meeting Schedule: _____

ASB Constitution: Yes No

Anticipated Financial Needs: _____

Sources of Funds: _____

Student Signatures: _____

Staff Member's Signature: _____

Date Submitted: _____

Request: Approved Denied for recommendation.

Principal's Signature: _____