

CO-CURRICULAR PROGRAM

APPLICATION FOR RECOGNITION AS AN  
APPROVED CURRICULUM-RELATED ACTIVITY

The undersigned students hereby request recognition as an approved curriculum-related group for the 20\_\_ school year under the conditions specified in policy and procedure 2150.

The curriculum-related activity is an extension of or related to: (name of class or classes)

Objectives of curriculum related activity:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Proposed activities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Advisor/staff member: \_\_\_\_\_

Meeting Area: \_\_\_\_\_ Meeting Schedule: \_\_\_\_\_

Anticipated Financial Needs: \_\_\_\_\_

Sources of Funds: \_\_\_\_\_

Student Signatures:

_____	_____
_____	_____
_____	_____
_____	_____

Staff Member's Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Request: ☐ Approved ☐ Denied Principal: \_\_\_\_\_