

INDEPENDENT COMMUNITY ORGANIZATION
ACTIVITY APPROVAL APPLICATION

Name of Organization: _____

Organization Representative filing this request: _____
Name Title

Address of Representative: _____

Telephone Number: _____

Nature of Planned Activity: _____

Please give a brief description of the activity and the specific role of students or school district personnel:

Goal or Purpose of Activity: _____

Proposed use of any funds to be raised: _____

Date(s) activity is to take place: _____

Location where activity will take place: _____

Student Permission Slips - Please attach a copy of the permission slip which participating students' parents will have to sign.

Note: The proposed activity may not take place until a list of those students' names whose parental permission slips have been signed has been filed with the Superintendent of Schools. The principal's signature indicates a review and approval of the activity.

Applicant's Signature Date

Principal's Signature Date

Superintendent of Schools Date

_____ Approved _____ Disapproved (Superintendent's letter explaining the basis of disapproval is attached.)