

**Franklin County Schools**  
**Application for Proposed Club/Organization**

Please complete the following information for the club which is being proposed and return to the principal.

**Club/Organization Name:** \_\_\_\_\_ **Name Acronym:** \_\_\_\_\_

**Person(s) Submitting Application:** \_\_\_\_\_

**Faculty Advisor:** \_\_\_\_\_

**Mission, Purpose or Aim:** \_\_\_\_\_

**Type of Club: (refer to board policy 6.702 for definitions)**

\_\_\_\_\_ Academic Club      \_\_\_\_\_ Non-Academic Club

**If non-academic, recommendation for designation:**

\_\_\_\_\_ Service Club      \_\_\_\_\_ Honorary Club      \_\_\_\_\_ Interest Club

\_\_\_\_\_ Religious Club      \_\_\_\_\_ Political Club      \_\_\_\_\_ Sports Club

**Meeting Times and Location**

Time: \_\_\_\_\_ Day: \_\_\_\_\_ Room Number/Location: \_\_\_\_\_

How often will the club meet: \_\_\_\_\_

**Goals / Objectives (What do you want to accomplish):** \_\_\_\_\_

**Will the club/organization need to be monetarily supported?** \_\_\_\_\_ **If so, how?** \_\_\_\_\_

**Membership Criteria/requirements :** \_\_\_\_\_

**Proposed activities or events:** \_\_\_\_\_

**To what student ages/grades will this club/org. apply:** \_\_\_\_\_

**Faculty Advisor:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Students completing this application (must have a minimum of five student members):**

1. **Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

4. **Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

5. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Leadership Team Members Represented:**

_____	_____
_____	_____
_____	_____
_____	_____

Director of Schools Signature: \_\_\_\_\_ Date: \_\_\_\_\_