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: ____________