Application for Student Club

Name of School _____

Application for Student Club

I. We the students of the _____ (name of the school site), request permission to form a Student Club. Attach a list of the students sponsoring this application.

II. This club will be called _____

and will have as its purpose: _____

_____

_____

_____

III. Mr./Ms . _____ (name of certificated faculty member) will serve

as the advisor for this club for the _____ school year.

IV. We have attached:

A copy of the proposed constitution for this club.

A copy of the proposed budget for this club for the school year.

V. Submitted by:

Student Club Representative: _____
<div align="center">Signature, Title and Date</div>

Club Advisor: _____
<div align="center">Signature, Title and Date</div>

Approved by:

Principal/Site Administrator: _____
<div align="center">Signature, Title and Date</div>

ASB President: _____
<div align="center">Signature, Title and Date</div>

Recorded in Student Council Minutes on (date): _____

Club Information Sheet

Name of School _____

ASSOCIATED STUDENTS

CLUB INFORMATION SHEET

(PLEASE PRINT)

Fiscal Year: _____

Name of Club: _____

Name and Department of Advisor: _____

Signature of Advisor:_____

           _____   _____
                       (Address)   (Phone)

Name of Club President:_____

           _____   _____
                       (Address)   (Phone)

Name of Additional Student Representative:_____

           _____   _____
                       (Address)   (Phone)

Name of Alternate:_____

           _____   _____
                       (Address)   (Phone)

Day and Time of Club Meetings: _____

Place of Club Meetings: _____

Please Attach:

    A copy of the proposed constitution for this club.

    A copy of the proposed budget for this club for the school year.

Budget Form

Name of School_____

Name of Club_____

Budget Development

Fiscal Year:_____

As of what date:_____

Part I: Revenues

Account Number	Account Description	Prior Year Budgeted Revenue	Current Year Estimated Revenue
	Total		

Part II: Expenses

Account Number	Account Description	Prior Year Budgeted Expense	Current Year Estimated Expense
	Total		

Part III: Ending Balance and Carryover

Difference between total revenues and expenses: _____

Plus carryover (ending balance) from prior year: _____

Projected ending balance: _____

Report prepared by club representative: _____
<div align="center">Signature and Date</div>

Report reviewed by club advisor: _____
<div align="center">Signature and Date</div>

Presented and approved by ASB on: _____
<div align="center">Signature, Title and Date</div>

PROPOSED CONSTITUTION FOR THE ESTABLISHMENT OF A CLUB, CLASS, OR SPORT

<u>List of Officers</u>

President _____

Powers and Duties _____

_____

Vice President _____

Powers and Duties _____

_____

Secretary _____

Powers and Duties: _____

_____

Treasurer _____

Powers and Duties: _____

_____

Date and manner of Election of Officers _____

_____

Scope of Proposed Activities _____

_____

_____

Name of Organization _____

Name of Advisor _____

Approval_____ Date_____

EXHIBIT C

Student Body Minutes

School_____

Date_____ Time_____

Location_____

Name of Club_____

Presiding Officer   Advisor in Attendance

_____   _____

Other Officers in Attendance: Guests in Attendance

_____   _____

_____   _____

_____   # of Members Present: _____

Report of Business:

Old Business: _____

_____

_____

_____

New Business: _____

_____

_____

_____

_____

Other: _____

_____

Minutes Prepared By: _____

SANTA ROSA CITY SCHOOLS
Excellence Is our Common Ground

REQUEST FOR APPROVAL OF FUND-RAISING ACTIVITY
(Refer to Board Policy and Administrative Regulation 3452)

School: _____ Club or sponsoring group: _____

Dates of Fund-raiser: Beginning _____   Ending _____

Note: No extra credit can be received by a student for involvement in fund-raising activities.

Purpose: Please describe the project for which the funds will be used.

_____

Description of fundraiser: Please include hours/services or items to be sold. Submit ONE request per form.

_____

Attachments required:
- Student Organizations: A copy of minutes indicating approval of the fundraiser and purpose of proceeds
- Budget for the proposed activity

Approvals required: (Principal: please check the appropriate type of activity)

Principal Approval Only: (Submit the principal-approved form to Curriculum & Instruction for their records.)

_____   On-campus (not during class periods)
_____   Service activity by club or organization which is not dangerous (e.g., car wash)
_____   Annual student body fund-raiser (one per year) limited to one month duration; within school attendance
             area and/or major shopping center (downtown Santa Rosa, Coddingtown, Montgomery Village)

Principal and C & I Director Approval: (Submit to Curriculum and Instruction 7-12 for approval at least one month before event. Principal approval required prior to submission to C & I.)

_____   Non-service activity by school club or organization involving community solicitation limited to one month
             duration; within school attendance area and/or major shopping centers (downtown Santa Rosa,
             Coddingtown, Montgomery Village)

Food Services Representative: If food is being sold, site cafeteria worker review and approval is required.

Signatures:

Submitted by: Club Advisor: _____   Date: _____

Reviewed by: School Office/Business Manager: _____   Date: _____

Approval:

Approved___   Denied____   Date: _____   By: _____

Approved___   Denied____   Date: _____   By: _____
                                                              Cafeteria Supervisor (if food sales)

Approved___   Denied____   Date: _____   By: _____
                                                              Principal

                                                              Asst. Supt. C&I (if required: see "Approvals Required)

Distribution upon approval:
(1) Requestor (2)School Business Manager (3) School Office Manager (4) Asst. Supt., Curriculum & Instruction 7-12

Fundraising: 10.22.12

REQUEST FOR BUS

REQUEST BY:

_____

GROUP:

_____

EVENT:

_____

DATE OF TRIP:

_____

DESTINATION (Name and address):

_____

_____

DEPART TIME:_____   RETURN TIME:_____

BUS SIZE (# OF PASSENGERS):_____

NUMBER OF BUSSES: _____

BILLING INSTRUCTIONS: _____

Business Office use only: _____

ESTIMATED COST: _____

BUDGET CODE: _____

BUS COMPANY USED: _____

ELSIE ALLEN HIGH SCHOOL
STUDENT BODY FUND
CHECK REQUEST

DATE:_____

AMOUNT_____

CHECK PAYABLE TO:_____

PAYING FOR:_____

CHARGE ACCT.:_____
            (name of club)

SIGNATURE OF ADVISOR_____

SIGNATURE OF TREASURER_____

NOTE: Attach invoices/receipts if applicable
          Attach minutes or circle: MINUTES ON FILE

CHECK # _____

_____
SIGNATURE OF ADMINISTRATOR