

## **Student Group Proposal**

Student Name(s):
Student Grade(s):
Please identify the nature of the group, its purpose and objectives:
Please identify the estimated number of participants:
Please identify the frequency with which the group wishes to meet:
Weekly
Monthly
Bi-weekly
Once each semester
Please identify the nature of the meetings (e.g., sharing of ideas, collaboration, goal setting):
Please provide any other information that would assist the principal to make a decision regarding whether or not to permit the student group:
Has a staff advisor(s) agreed to facilitate the student group?  If yes, please list:
Approved Denied
Signature of Principal:  Date:
Farma Niversham AF040 0A

Form Number: AF216-3A

Related Administrative Procedure: Student Groups Administrative Procedure (AP216-3)