

**DISTRICT-SPONSORED COCURRICULAR AND EXTRACURRICULAR
ACTIVITIES AND ORGANIZATIONS**
(Approval of Sunday Noncurricular Group Activities)

Date Application Submitted: _____

School: _____

Faculty Member(s) Sponsoring: _____

Organization/Individual Requesting Practice/Rehearsal

_____ (organization and individual) requests the use of

_____ (equipment desired) on (date) _____

from _____ a.m. p.m. to _____ a.m. p.m.

The purpose of this use is for: _____

Purpose/Educational Value: _____

Type of Organization

Organization/Club, specify: _____

Band, specify: _____

Athletic, specify: _____

Individuals Attending

Number of students: _____

Number of Faculty sponsors: _____

Other Chaperones: _____

Total # of participants: _____

Supervision: (list of names of adults) _____

Signature of Faculty Sponsor

Date

Signature of Building Principal

Date

FILE: IGD-AF1

Critical

For Office Use Only

Practice/Rehearsal Has Been: Approved Denied

If denied, reason: _____

Signature of Superintendent

Date

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Note: The reader is encouraged to review policies and/or procedures for related information in support of this administrative area.

Implemented: 10/14/2009

Clinton School District #124, Clinton, Missouri