

OWEN J. ROBERTS SCHOOL DISTRICT

SECTION: PROGRAMS

TITLE: REQUEST TO ESTABLISH
HIGH SCHOOL STUDENT
ACTIVITY

ADOPTED: 1/27/03

REVISED: 2/7/18

REQUEST TO ESTABLISH A STUDENT ACTIVITY

1. NAME OF ORGANIZED STUDENT ACTIVITY: _____

2. PURPOSE OR OBJECTIVE: (Briefly describe why this organization is being formed.) _____

3. BENEFIT: (Briefly describe how the students/district will benefit from the establishment of this organization.) _____

4. LEADERSHIP: (Briefly describe how this activity will be organized, how it will be run and whether the officers will be elected or appointed.) _____

5. FINANCIAL RESPONSIBILITY: Who will be financially responsible for the club operations (choose from below and provide a description)?
☐ OJR High School Student Activity Club (No Account Needed)
☐ OJR High School Student Activity Club Account

Briefly describe who will be responsible for these funds and how fund-raising, expenditure and/or transfer decisions will be made.

☐ Parent and School Affiliated Organization (PSAO)

Briefly describe who will be responsible for these funds and how fund-raising, expenditure and/or transfer decisions will be made.

If an affiliated parent organization is sponsoring the activities of the OJR student club, the following documentation must be provided and updated annually:

- 1) Name of Organization _____
- 2) Nonprofit and tax exempt organization status (i.e. 501(c)3 letter from the IRS, etc.) _____
- 3) Certificate of liability insurance for all policies carried by the organization _____
- 4) Names and contact information for officers _____
- 5) Financial reports must be made available upon request.

6. FUND RAISING:

- a. Will this organization raise funds? Yes ____ No ____
- b. If “yes”, briefly describe typical fund-raising activities and who will be involved.

7. USE OF FUNDS: (Briefly describe how these funds will be used to benefit the students or the district.)_____

8. FINANCIAL DEPENDENCE:

- a. Will this organization require facilities or equipment to be provided by the General Fund?
Yes ____ No ____
- b. If “yes”, briefly describe the assistance needed and whether it is a continuing, year-to-year need._____

Request Submitted by: _____ Date Submitted: _____

Approved by: _____ Date Approved: _____
Building Principal

BOARD OF SCHOOL DIRECTORS' ACTION

This request was (Approved ____ Disapproved ____) by the Board of School Directors at their meeting held on _____.

Reasons for disapproval or qualifications of approval, if applicable, were as follows: _____

Any Student Activity groups who will be 1) closing or, 2) whose major membership will be graduating, or 3) whose major membership will no longer be eligible to participate in future activities of the organization, must submit a "Request to Close a Student Activity" form for approval before the regularly scheduled Board meeting in June, or as soon as dissolution is anticipated to occur if the closing will occur during a school year. Failure to take any action regarding any unspent balance within one year of the inactivity of the account will deem those funds to be donated to the Student Council fund of the respective middle school or high school.

Original Copy - maintained in the Business Office
Copies to - Requestor and Principal