

Hopewell Valley Regional School District
Pennington, New Jersey
REQUEST FOR APPROVAL – EXTRA CURRICULAR ACTIVITIES & CLUBS
(Please complete and turn in to the VP office)

School _____ Date: _____

Student Full Name _____ Email: _____

Name of Activity / Club: _____ Faculty Advisor: _____

Number of Student Participants: _____ Grade(s): _____

Meeting Schedule & Location: _____

What is the purpose of the Activity / Club: _____

How is the activity related to a curricular program? _____

Vice Principal's Approval: _____ Date: _____

Board Approval Req?: YES / NO If yes, date approved: _____