



College Place Public Schools Group Application Form

Definition of a group:

Based on the following School Board Policy Number 2153: The Principal shall approve the non curriculum-related student meeting or activity provided that: A. The meeting shall be voluntary and initiated by students; B. The school or its staff shall not be a sponsor of the group; C. The meeting shall not materially and substantially interfere with the orderly operation of the school; D. Students shall be responsible for the direction, control and conduct of the meeting. Guests must be registered and must not be regular participants; E. The use of school funds for other than incidental and/or monitoring costs shall not be permitted; F. A staff member shall not be compelled to attend when the meeting is contrary to his/her belief; and G. The constitutional rights of all persons shall be respected.

Procedure 2153 P states: A group of students who wish to conduct a meeting on school premises during non-instructional time shall submit a request to the school Principal at least five school-business days prior to the desired meeting date. The Principal will grant or deny the request at least two school-business days prior to the scheduled date. The application shall provide: 1. The name of each student who is making the request; 2. The name of the monitor of the proposed group (if any); 3. A description of the proposed meeting along with its stated purpose; 4. The name(s) and affiliations of non-students (if any) who will be invited; and 5. Statements that: a. Students shall be voluntarily attending the meeting, b. Any non-students shall not be directing, conducting, controlling or regularly attending future meetings and/or activities, 6. The time and frequency of meetings for the proposed group.

Directions:

In order to request the establishment of group you must complete the following steps and process below. Once completed, please return to Activities Director for approval.

- Fill out the application form
- Form then goes to principal for approval
 - Signature required

School (circle one): Sager MS or College Place HS

Person(s) requesting group:

Name _____	Signature: _____
Name _____	Signature: _____
Name _____	Signature: _____
Name _____	Signature: _____
Name _____	Signature: _____

Names and Affiliations of Non-Students who will be invited:

Name _____	Affiliation: _____
Name _____	Affiliation: _____
Name _____	Affiliation: _____
Name _____	Affiliation: _____



COLLEGE PLACE PUBLIC SCHOOLS
 1755 S. College Avenue
 College Place, WA 99324
 509.525.4827
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 Cpps.org

Date of initial request: _____

Name of requesting group:

Description of the proposed activities and goals of the group:

Name of CPPS staff member advisor: _____

Position/location of CPPS staff member advisor: _____

Staff Monitor Signature _____ Date: _____

Is the intention of the group to meet:

- Weekly
- Monthly
- Annually

Proposed meeting dates, locations, times:

For office use only:

- Approved
- Not Approved

Principal Signature: _____ Date: _____



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