



ACADEMY OF AMERICAN STUDIES

North Campus: 28-01 41 Avenue Long Island City, NY 11101 (718) 361-8786
South Campus: 28-04 41 Avenue Long Island City, NY 11101 (718) 433-2556
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Ellen Sherman, Principal
Mark Solkoff, Asst. Principal
Nina Cohen, Asst. Principal

REQUEST TO FORM A NEW STUDENT ACTIVITY OR CLUB

SCHOOL YEAR: 200__ - 200__

Activity Name: _____

Founding Student Members: _____

Student Liaison(s): _____

Faculty Advisor: _____

Day and Time of Meeting: _____

Frequency of meetings: _____

Purpose/ Mission Statement: _____

Supplies Needed:

Will this activity involve fundraising? (Y/N) _____

For what purpose do you intend to fundraise?



Please note:

“Membership in student clubs or organizations must be open to all students in the school regardless of race, color, creed, religion, age, national origin, disability, citizenship status, marital status, gender, or sexual orientation.”

“All funds raised by a student club or activity shall be in compliance with Chancellor’s Regulation A-610.” (Chancellor’s Regulations A-601 07/03/2009)

By signing below, you have read and understand the Chancellor’s Regulations regarding Student Activities (A-601).

This application acknowledges that this student organization and faculty advisor of the Academy of American Studies understands that when charter is issued it is with the understanding that the organization agrees to participate in the annual Student Activities Awards Dinner and to recognize and abide by all regulations officially established by Academy of American Studies and the Student Activities Office.

I willingly assume responsibility for the above named student organization.

I acknowledge that I have received a copy of the Student Organization Handbook.

Faculty Advisor Signature: _____ Date: _____

COSA Signature: _____

Assistant Principal Organization Signature: _____

Per Session Hours Granted: _____

Date Approved/ Rejected: _____

Application Rejected because:

RETURN FORM TO STUDENT ACTIVITIES OFFICE

MEMBERSHIP LIST

Organization's Name: _____

Faculty Advisor: _____

Date of initial meeting: _____

Member's Name

Grade

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