



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
Fax: (718) 361-8832 / (718) 937-4159

William C. Bassell, Principal
Mark Solkoff, Asst. Principal
Nina Cohen, Asst. Principal

RENEWAL OF STUDENT ACTIVITY/CLUB CHARTER APPLICATION

SCHOOL YEAR: 201__ - 201__

Student organizations are required to renew their charters annually through the Office of Student Activities. After completing both pages of the Charter Renewal Application form, return it to the Office of Student Activities. You must have at least fifteen students in good standing and an advisor's signature. This will be verified by the Office of Student Activities. Following a successful renewal, per session hours will be budgeted based on availability and information about your organization will be updated online and in publications.

Organization's Name: _____

Faculty Advisor: _____

Student Liaison(s): _____

Day and Time of Meeting: _____

Anticipated Location of Meetings: _____

Frequency of Meetings: _____

Purpose/Mission Statement: _____

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

For what purpose do you intend to fundraise?

Please speak with Mr. Randle prior to scheduling any fundraising activities.



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)

This application acknowledges that this student organization and faculty advisor of the Academy of American Studies understands that when charter renewal 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: _____

RETURN FORM TO STUDENT ACTIVITIES OFFICE

Attach Membership List to this Application

COSA Signature: _____

Assistant Principal Organization Signature: _____

Per Session Hours Granted: _____

Date Approved/ Rejected: _____

MEMBERSHIP LIST

Organization's Name: _____

Faculty Advisor: _____

Date of initial meeting: _____

Member's Name

Grade

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____
31. _____
32. _____
33. _____
34. _____
35. _____