



Stoller Middle School

Date Submitted _____

After School Club/Activity Proposal

Please return completed proposal to Principal Galvan for approval. A decision will be made about the proposed club within 10 school days.

Name of proposed club _____

Name of person(s) proposing club _____

Teacher or adult supervising the club _____

Phone Number _____

Email address _____

Back-up teacher or adult to supervise the club if the primary teacher or adult is absent _____

Phone number _____

Email address _____

Day of the week that the club will meet _____

Start and end dates of the club _____

Start and end time that club will be meeting _____

Location and/or room number _____

Total number of students _____

Please note: If the club will be held after school, it is our intent that it be scheduled on Tuesdays or Thursdays. This accommodates our after-school activity bus, which leaves Stoller at 5:10 PM.

Please give a brief description of the proposed club or activity. Please note if there will be a fee required.

___ Approved

___ Denied

Principal's Signature: _____

Date: _____