Fort Bend Independent School District
Student Group / Club Application

CLUB NAME:	**NEW CLUB** ☐ **YES** ☐ **NO**
BRIEF DESCRIPTION (attach to form): Please list the group's purposes and goals and how they will positively contribute to _____ *School Name & Number*	
SPONSOR 1 TEACHER Name & Email Address:	**ROOM & EXTENSION NUMBER** **ROOM:** **EXT:**
SPONSOR 2 TEACHER Name & Email Address:	**ROOM & EXTENSION NUMBER** **ROOM:** **EXT:**
MEETING DAY: ☐ **MONDAY** ☐ **TUESDAY** ☐ **WEDNESDAY** ☐ **THURSDAY** ☐ **FRIDAY**	**WEEKLY:** ☐ **YES** ☐ **NO** **BI-WEEKLY:** ☐ **YES** ☐ **NO** **MONTHLY:** ☐ **YES** ☐ **NO**
LOCATION OF MEETING:	**MEETING TIME:**
CLUB PRESIDENT (OR TOP OFFICER):	
WHO IS ELIGIBLE TO JOIN? (I.E. OPEN TO ALL GRADES, AUDITION ONLY, ETC.)	
DUES: ☐ **YES** ☐ **NO**	**AMOUNT: $**
BRIEF DESCIPTION OF OTHER CLUB FEES, DUES, OR REQUIREMENTS:	
ATTACH A LIST OF STUDENT MEMBERS AND OFFICERS	

Principal Signature: _____ Date: _____

Once completed please send to: ActivityFundDropbox@fortbendisd.gov