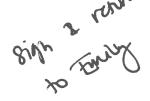
WELLSBORO AREA SCHOOL DISTRICT REQUEST TO ESTABLISH A STUDENT ACTIVITY



1. NAME OF ORGANIZATION: 2. PURPOSE OR OBJECTIVE: (Briefly describe why this organization is being formed.) Sparte forms raise for when the organization is being formed.)	
establishment of thi	
CTE	Pregnan
4. FUND RAISING	G: a. Will this organization raise funds? Yes 🔀 No
b. If "yes", briefly	y describe typical fund-raising activities and who will be involved.
lunere	ors, catering
5. FINANCIAL R	RESPONSIBILITY: (who will be the advisor? How will fund-raising,
expenditure and/or	r transfer decisions be made?)
James	Mack, Student Involved
Date Submitted:	9/11/18
Submitted by:	And Approved by: Wy MMM
	(Advisor) (Principal)
ů.	SCHOOL BOARD ACTION
This request was (A	approved Disapproved) by the School Board at the meeting
held on	•
Reasons for disappr	roval or qualifications of approval, if applicable, were as follows.
Date:	Secretary:
ii ii	FINAL TO BUSINESS OFFICE COPY WITH PRINCIPAL

Attachment X-3A