



Traverse City Area Public Schools Club Application

Date: _____

School(s): _____

Club name, description & purpose: _____

TCAPS staff applicant: _____

Email address: _____ Phone #: _____

Student applicant: _____

Email address: _____ Phone #: _____

Grade level: _____ Frequency of meetings: _____

Practice site: _____ Cost & funding source: _____



I have reviewed [Board Policy 5510 Student-Initiated, Non-Curricular Clubs](#), and have considered the following criteria:

1. Facility availability
2. Staffing capability
3. Supervision capability
4. Funding capability
5. Available community programs
6. Appropriateness for student age group
7. Student safety
8. Insurance
9. Availability of appropriate competition
10. Alignment with school and district philosophy
11. Title IX compliance

I recommend this application to the Superintendent recognizing that the club could be terminated if:

- Title IX Gender Equity compliance is not met
- Coaches and/or sponsors do not pass the criminal records check
- A financial liability is imposed on the Board of Education
- School or Athletic rules are violated

Building Principal _____ Date _____

Athletic Director _____ Date _____

(If Club Is Athletic In Nature)

If approved at the building level, please email this form to spicaem@tcaps.net (secondary applications) OR walterke@tcaps.net (elementary applications)

_____ Approved by Chief Academic Officer - Secondary

_____ **NOT** Approved by Chief Academic Officer - Secondary

_____ Approved by Chief Academic Officer - Elementary

_____ **NOT** Approved by Chief Academic Officer - Elementary

CAO Signature: _____ Date _____