

# IB Programme

CAS Activity Proposal Form: to be completed BEFORE starting any outside activity.



<b>Student Name:</b>			
<b>Purpose/Grade:</b>	Creativity	Action	Service
			11 12
PART I: Overview of Activity			
<b>Activity name/ brief description/ :</b>			
<b>Duration:</b>	Start:	End:	On-going
PART II: Charity/ Organization/ Club or NPO Information			
<b>Organization's Name</b>			
<b>Organization's Address</b>			
<b>Contact's Name</b>			
<b>Telephone Number</b>			
<b>E-Mail Address</b>			
PART III: Contact Information			
<b>Student Contact:</b>	Cell Phone Number:	Cell Phone E-Mail:	
<b>Parent Contact:</b>	Cell Phone Number:	Cell Phone E-Mail:	
	Home Phone Number:	Home E-Mail:	
PART V: Signatures and Approval			
____/____/____ Mo/Day/Year	_____ CAS Coordinator's Name	_____ Signature	
____/____/____ Mo/Day/Year	_____ Student's First and Last Name	_____ Signature	
____/____/____ Mo/Day/Year	_____ Parent's First and Last Name	_____ Signature	
____/____/____ Mo/Day/Year	_____ Head of Programme's Name	_____ Signature	



