

OVERLAND TRAIL
ELEMENTARY IMPACT CLUB
APPLICATION



Personal Information and Parent Permission

First Name _____ Last Name _____

Address _____

City _____ State _____

Phone Number _____ Teacher _____

Parent Name(s) _____

Email address _____

May we share your email address with our team? Y or N

If chosen to be a part of our IMPACT club this year, my child will attend our meetings on Wednesdays from 7:30-8:20 a.m. in the Library Media Center at OTE on 9/26, 10/17, 11/28, 12/19, 1/30, 2/27, 3/27, 4/24, & May (TBD). It is my responsibility to be on time and consistent in attendance. I understand that my child must maintain satisfactory behavior and academic grades in order to participate in this club.

Parent Signature _____

Date _____

IMPACT Club Student Application

Student Name _____

Homeroom Teacher _____

All students applying to join IMPACT, must complete the following application. All reasonable applications with effort and attention to the deadline will be approved.

Please answer in complete sentences paying special attention to neatness, spelling, word choice. Please answer with at least three sentences.

1. Why do you wish to join IMPACT?

2. What qualities do you possess that make you a leader and/or a person that inspires others to make our world (community) a better place?

3. Part of the first IMPACT challenge is to do research. Please look up the words impact and cooperation in the dictionary and tell me how they affect people in our school.
