

BETA CLUB INFORMATION FORM

(Students already in RCMS Beta Club)



Directions: Please attach a copy of your report card from the end of last year, dues (\$15 cash or check made out to Ralph Chandler Middle School), and return to Mrs. Rossello (Room 707) by Friday, September 9, 2016.

Name: _____ Best Phone # for Member: _____

Address: _____

Student E-mail address: _____

Homeroom Teacher: _____ Sixth Period Teacher: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone #: _____

Parent/Guardian E-mail: _____

My child, _____ has permission to participate in Jr. Beta Club. I understand there will be minimum dues and monthly meetings. I will make transportation arrangements for my child to fulfill his/her commitment to Jr. Beta Club at Ralph Chandler Middle School.

Parent Signature _____ Date: _____

I, _____ understand that I am responsible for keeping my GPA at par, my discipline record clean, and my character strong. I must participate in all required activities and arrive and depart, on time, for all meetings and events. I understand that I may be placed on probation or have my membership revoked, at any time, if I fail to follow requirements.

Student Signature _____ Date: _____