

WAYLAND PUBLIC SCHOOLS
Wayland, Massachusetts

ANNUAL REPORT FOR CO-CURRICULAR ACTIVITIES

Directions: For each activity, please submit one form that includes all co-advisors.
 For activities ending mid-year: submit forms after activity is completed.
 For activities running through end of school year: submit forms by June 1.

ACTIVITY: _____ **SCHOOL YEAR:** _____

ADVISOR(S): _____

STUDENT PARTICIPATION:

GRADES	MALES		FEMALES		TOTALS	
	white	non-white	white	non-white	white	non-white
TOTALS						

DURATION OF ACTIVITY: From _____ to _____

NUMBER OF MEETINGS: Weekly _____ Monthly _____ Annually _____

APPROXIMATE LENGTH OF EACH MEETING: _____

ACTIVITIES: *(Provide a representative listing of activities during the school year)*

SIGNATURE OF ADVISOR: _____ **DATE:** _____

SIGNATURE OF PRINCIPAL: _____ **DATE:** _____