

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 May 1st.

ACTIVITY: _____ **SCHOOL YEAR:** _____

ADVISOR(S): _____

STUDENT PARTICIPATION:

GRADES	MALE		FEMALE		NON-BINARY		TOTALS	
	White	BIPOC (Students of Color)	White	BIPOC (Students of Color)	White	BIPOC (Students of Color)	White	BIPOC (Students of Color)
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:** _____