

STUDENTS COMPASSION FORUM REGISTRATION FORM

SCHOOL DETAILS

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL: _____

DAY FOR WEEKLY MEETINGS: _____

TIME FOR FORUM MEETINGS: _____

NUMBER OF MEMBERS: _____

NAME OF FORUM COORDINATOR: _____

CLASS OF THE FORUM COORDINATOR: _____

STAFF ADVISER

NAME OF STAFF ADVISER: _____

(Must be either the Biology or Agric. Sc. Teacher)

POSITION: _____

SIGNATURE OF STAFF ADVISER: _____

**Students Forum Coordinator
Signature/Date**

**Principal's Signature/Date
and Stamp**