



**Charter Interest Form
National Pharaohs Society
(High School Division)**



School: _____ Academic Year: _____

Directions: Please complete all sections. Type or print neatly. Do not be modest. The National Pharaohs Society will consider all the information as part of the evaluation process. Completion of this form does not guarantee issuance of a charter.

Part 1: Administrative Information

Full Name _____

Home Address _____

Email _____

Phone Number _____

Part 2: School Information

Principal Name _____

School Address _____

Phone Number _____

Email _____

Website _____

Who is responsible for approving new school clubs? _____

Do you believe that there will be at least two faculty members interested in serving as chapter advisors? YES NO

Do you believe that there will be at least ten students who have good character interested in becoming Pharaohs? YES NO

(Potential members of the Pharaohs Society must demonstrate the following qualities: respect, responsibility, trustworthiness, fairness, caring, and citizenship.)

Part 3: Chapter Advisors

List Potential Chapter Advisors

Name	Position/Title	Interest Confirmed

I understand that completing this form does not guarantee that the National Pharaohs Society will issue a chapter charter to my school. I further understand that I am not committing myself or anyone else to charter a chapter of the National Pharaohs Society. I acknowledge that the information provided is for information purposes only.

Faculty/Administration Signature

Date