



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

**Afterschool Extracurricular and Supplemental  
Programs Parent/Legal Guardian Authorization Form**

**Required for participation in any and all afterschool clubs,  
events, activities or supplemental programs**

Student Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Club/Activity/Event Name: National Honor Society weekly tutoring

Description or nature of the club, activity or event:

National Honor Society weekly tutoring after school every Tuesday

Date the club, activity or event will begin: September 3

Date the club, activity or event will end: June 1

Location of the club, activity or event: Room 426

Name(s) of club, activity or event sponsor(s): National Honor Society

Types of guests that may attend the club, activity or event: NHS members and students needing to be tutored

Scheduled Days of the Week: (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday

Scheduled Time: From 2:40 pm To 4 pm

I give my child permission to participate in the above named extracurricular activity or supplemental program during the dates and times listed above for the 2023-24 school year.

Name of Parent: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Scheduled days of the week and times may vary throughout the school year. Club/activity sponsor will contact parents through pre-determined forms of communication to notify of any change in meeting time or day.

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

***This form must be submitted and retained by the club, activity or event sponsor prior to student participation.***